2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P16702

1. Entity Name
BARTON BEERS, LTD. CORPORATION

Principal Place of Business	Mailing Address
55 EAST MONROE STREET CHICAGO, IL 60603	55 EAST MONROE STREET CHICAGO, IL 60603

02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2855879
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BERK, ALEXANDER L
STREET ADDRESS	491 WASHINGTON AVE
CITY-ST-ZIP	GLENCOE, IL
TITLE	VS
NAME	KUTYLA, ELIZABETH
STREET ADDRESS	1821 OAKDALE
CITY-ST-ZIP	CHICAGO, IL 60657
TITLE	PD
NAME	HACKETT, WILLIAM F
STREET ADDRESS	296 N PARK AVE
CITY-ST-ZIP	GLEN ELLYN, IL
TITLE	V
NAME	MCNICHOLS, THOMAS A
STREET ADDRESS	1230 HEATHER LN
CITY-ST-ZIP	GLENVIEW, IL
TITLE	D
NAME	SANDS, RICHARD
STREET ADDRESS	14 ELMWOOD LANE
CITY-ST-ZIP	ROCHESTER, NY 14610
TITLE	T
NAME	CHRISTENSEN, TROY
STREET ADDRESS	1632 OAKLEY
CITY-ST-ZIP	CHICAGO, IL 60647

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03/03/06-80026-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY CHRISTENSEN 2/7/06 312-346-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #