

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P16702

1. Entity Name
BARTON BEERS, LTD. CORPORATION



Principal Place of Business

1 S. DEARBORN ST
CHICAGO, IL 60603

Mailing Address

1 S. DEARBORN ST
CHICAGO, IL 60603



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
36-2855879

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008, Fee will be \$550.00

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

U000000838211
03/05/08-80021-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERK, ALEXANDER L 491 WASHINGTON AVE GLENCOE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LURIE, MICHAEL 3658 NORTH SACRAMENTO CHICAGO, IL 60618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HACKETT, WILLIAM F 296 N PARK AVE GLEN ELLYN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNICHOLS, THOMAS A 1230 HEATHER LN GLENVIEW, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, RICHARD 14 ELMWOOD LANE ROCHESTER, NY 14610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORSKI, ROBERT 376 NORTH PARK BLVD GLEN ELLYN, IL 60137

**DO NOT WRITE
IN THIS SPACE**

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: Paul A. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/08 312-346-9200
Date Daytime Phone #