## UNOFFICIAL COOPSY4351



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Aroporto or County Clarks

FOR 2001

FILE NO.

N 5310-846-6

NOT FOR PROFIT CORPORATION ACT SECRETARY OF STATE OF ILLINOIS FILE PRIOR TO 06-01-01 DO NOT WRITE IN THIS SPACE ADD \$3.00 PENALTY FOR LATE FILING ANNUAL REPORT NIG FEE \$5.00 FILED 1.) LOOP LAB SCHOOL, AUG 2 n 2001 % ELMIRA MAYES 11 E ADAMS STE JESSE WHITE CHICAGO, IL. 6060 SECRETARY OF STATE 2.) NOTE: Form NFP 105.10 houst be filled in this office in order to change THE REGISTERED AGENT and/or REGISTERED OFFICE. 3.) The above corporation organizer up der the laws of the state of ILLINOIS , pursuant to the provisions of "The General Not for Profit Corporation Act" of the State of Illinois, hereby makes the following report: 4.) THE NAMES AND RESPECTIVE RESIDENTIAL ADDRESSESS OF ITS OFFICERS AND DIRECTORS ARE: **OFFICE** NUMBER & STREET STATE CITY NAME Presiden Secretary Treasurer Director Director Director 25 TOLUNGON NOTE: List all directors above or list them on an additional sheet: Ill nois corporations must have THREE directors. 5.) The following is a brief statement of the character of the affairs which the corporation is actually conducting: 6.) Is this corporation a CONDOMINIUM Association as established under the Condominium Property Act? Yes No (CHECK ONE) Is this corporation a COOPERATIVE HOUSING CORPORATION defined in Section 216 of the Internal Revenue Code of 1954? (CHECK ONE) Is this a HOMEOWNER'S ASSOCIATION which administers A COMMON-INTEREST COMMUNITY AS DEFINED IN SUBSECTION (C) of Section 9-102 of the Code of Civil Procedure? Yes Nο (CHECK ONE) 7.) If a foreign corporation, the address of its principal office in the state of its incorporation is: (Number and Street) (State or Country)

ITEM 8 MUST BE SIGNED

(Please read reverse side of this report before signing below)

Under the penalty of perjury and as an authorized officer, I declare this annual report, pursuant to provisions of the General Not For I

Corporation Act, has been examined by me and is, to the best of

knowledge and belief, true, correct, and complete.

Authorized Officer's Signature) (