

1993
YEAR OF
File Prior to 12/31/93

UNOFFICIAL COPY

3069240

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO
9-5223-336-5

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

1) CHANGES ONLY REGISTERED AGENT: **Marvin H. Glick**
REGISTERED OFFICE: **135 S. LaSalle St., Ste. 1012**
OFFICE ZIP CODE: **Chicago, IL 60603**

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COOK COUNTY

2) CORPORATE NAME REGISTERED AGENT REGISTERED OFFICE CITY AND ZIP CODE

SINGER'S TOOTHING CO., INC.
7 MARVIN H GLICK 112291
111 W JACKSON ST STE 1732
CHICAGO, IL 60601-4732

FILED
DEC 02 1993
GEORGE H. RYAN
SECRETARY OF STATE

COOK COUNTY

3) State or County of incorporation: **IL** Date Due: **12/31/93**

4) The names and residential addresses of ALL officers & directors MUST be listed here!

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Irving P. Durchslag	345 Willard Ave.,	Elgin,	Illinois	60121
Secretary	Donald A. Durchslag	SAME			
Treasurer	Donald A. Durchslag	SAME			
Director	Irving P. Durchslag	SAME			
Director					
Director					

5) If 51% or more of the stock is owned by a minority, indicate (please check appropriate box) Minority Owned Family Owned

6) Number of shares authorized and issued as of 12/31/93

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMM			5,000	25,000

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IMPORTANT! 7) The amount of paid in capital is of \$ **8,000**

8) The Paid in Capital is recorded with the Secretary of State as of \$ **20,000.00** \$23.50

9) By: *Irving P. Durchslag*, President
Date: **11-17-93**

TR0013 TRAN 0403 12/30/93 13:12:00
#0829
COOK COUNTY RECORDER

RETURN TO
Department of Business Services
Secretary of State
Springfield IL 62756
Telephone (217) 782-7808

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer I declare that the above report and if applicable the statement of changes of registered agent and of officers, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT: **IRVING P. DURCHSLAG 345 WILLARD AVE ELGIN 60121**

SECRETARY: **DONALD A. DURCHSLAG 345 WILLARD AVE ELGIN 60121**

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW

PRESIDENT: NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
SECRETARY: NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED

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Handwritten initials