

UNOFFICIAL COPY

0106-482-11

YEAR OF 2003
FILE PRIOR TO: 05/01/03

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT PLEASE TYPE OR PRINT CLEARLY IN BLACK INK



Doc#: 0324503079
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 09/02/2003 02:21 PM Pg: 1 of 1

1.) NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-1 changes in items 6. or 7a: the enclosed BCA-14.30 must be completed and submitted in the same

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE:

BERNSEN MANAGEMENT, INC.
c/o SCOTT H. REYNOLDS
2 N. LaSalle Street - 13th Floor
Chicago, Illinois 60602

Ample

FILED
MAY 20 2003

COCK
COCLNTY

MJ

3.) Date Incorporated 05/23/00

JESSE WHITE
SECRETARY OF STATE

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

OFFICE	NAME	NUMBER & STREET	CITY
President	BARBARA BERNSEN	505 NORTH LAKE SHORE DRIVE, #1806	CHICAGO
Secretary	BARBARA BERNSEN	505 NORTH LAKE SHORE DRIVE, #1806	CHICAGO
Treasurer	BARBARA BERNSEN	505 NORTH LAKE SHORE DRIVE, #1806	CHICAGO
Director	BARBARA BERNSEN	505 NORTH LAKE SHORE DRIVE, #1806	CHICAGO
Director			
Director			

ZIP
60602
60602
60602
60602

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

6.) Number of shares authorized and issued (as of 02/28/03):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED
Common	N/A	0.00	10,000

SHARES ISSUED
10,000

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed BCA 14.30 must be filed.

7a.) The amount of paid-in capital as of 02/28/03 is: \$1,000.00

7b.) The Paid-in Capital on record with the Secretary of State is: \$1,000.00

8.) By Barbara Bernsen 4/21/2003
(ANY AUTHORIZED OFFICER'S SIGNATURE) (Title) (Date)
President

ITEM 8 MUST BE SIGNED!

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

I, the undersigned, declare that the sum of the paid-in capital is \$1,000.00.
I declare that this information is true, correct, and complete.
Under penalty of perjury and as an authorized officer of the corporation, I declare that this information is true, correct, and complete.
The Illinois Secretary of State has been examined by me and, to the best of my knowledge and belief, the same is true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT BARBARA BERNSEN 505 NORTH LAKE SHORE DRIVE, #1806 CHICAGO IL 60611
SECRETARY BARBARA BERNSEN 505 NORTH LAKE SHORE DRIVE, #1806 CHICAGO IL 60611

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 CODE
SECRETARY	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED = 36-4340963

RETURN TO BOX 242