## UNOFFICI

PLEASE TYPE OR PRINT CLEARLY - FILING DEADLINE IS

PRIOR TO 05/01/85

5347=633-3

**RETURN TO:** 

Corporation Department Secretary of State Springfield, IL. 62756 Talaphane (217) 782-7808

## STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

YEAR OF 1985

CORPORATION FILE NO. Federal Employer

Identification Number (FEIN)

1.)

EXCHANGE, INC. % FVELYN MOSS

053084

353 1 79TH STREET . 60650-0000 CHICAGO, IL.

> FOR CHANGES ONLY 2.)

3.) Date Incorporated 05/30/1984 Period of duration PERPETUAL Give complete address of principal office: (lautegree ton 1f)

JEROME POPE.

ONE FIRST NATIONAL Registered Office - Street Address

CHICADO, COOK, 14 City, County, IL Zip Code

4.) The names and addresses of the officers and directors are: (If officers are directors, so state.)

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP	~
Barry Shack	President	353 W. 79th St.	Chicago	IL	60620	<u>\</u>
Leonard Sklare	Secretary	353 W. 79th St.	Chicago	IL	60650	_ \
Lawrence Zweig	Treasurer	353 W. 79th St.	Chi cago	IL	60620_	_ \\
Barry Shack	Director	353 W. 79th St.	Chi cago	IL	60620	_\infty
Leonard Sklare	Director	353 W. 79th St.	Chicago	IL	60620	_
Lawrence Zweig	Director	353 W. 79th St.	Chicago	IL	60620_	_\N_
Sherman Waller	Director	353 West 79th S	St. "	H	11	
	Director		0			<del></del>

5.) The type of business actually conducted in Illinois is:

Community Currency Fishange

6.) Number of shares authorized and issued (as of 02/28/85)

NUMBER ISSUED NUMBER AUTHORIZED PAR VALUE **CLASS** SERIES 1,000 1,000 · None ----Common

7a.) The amount of paid-in capital as of

02/28/85

7b.) The Taxable Capital on record with the Secretary of State is:

TOTAL \$

10 000

10,000 PAID-IN CAPITAL \$

8.) By

(Any Authorized Oxicer's Signature) (Pres. or V. Pres. required II changes listed in 2)

(Date)

Under the penalty of perjury and as an authorized officer, declare that this annual report and, if applicable, the statement of change of registered agent and/or office, 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.

Attest

(Secretary's or ass't. Secretary's Signature required only If changes listed in 2)

(Title)

(Date)

BOX 244

## **UNOFFICIAL COPY**

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