

PLEASE TYPE OR PRINT CLEARLY - FILING DEADLINE IS PRIOR TO 12/01/85  
D 5056-610-2

NOV 05 1985

STATE OF ILLINOIS

85302144

CORPORATION  
FILE NO.  
Federal Employer  
Identification Number  
(FEIN)  
\* 352877332

RETURN TO:

Corporation Department  
Secretary of State  
Springfield, IL 62756  
Telephone (217) 762-7808

Secretary of State  
Corporation Department

DOMESTIC CORPORATION ANNUAL REPORT

YEAR OF 1985

85302144

1.)

HALSTED TERRACE NURSING CENTER, INC.  
% ALBERT MILSTEIN 022378  
ONE FIRST NATL PLAZA STE. 5000  
CHICAGO, IL. 60603-0000

3 0 4 5 1 4 3 9 0

2.) FOR CHANGES ONLY

3.) Date Incorporated 12/16/1974 Period of duration PERPETUAL  
Give complete address of principal office: (If not perpetual)

SUSAN LEWIS/ETEX CO.  
Registered Agent  
3737 W. ARTHUR AVENUE  
Registered Office - Street Address  
LINCOLNWOOD, IL 60645  
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
Bernard Hollander, Dir.	President	3737 W. Arthur Ave.	Lincolnwood	IL	60645
Jack L. Rajchenbach, Dir. &	Secretary	" " " "	" "	" "	" "
Bernard Hollander	Treasurer	" " " "	" "	" "	" "
	Director				
	Director				
	Director				
	Director				
	Director				

5.) The type of business actually conducted in Illinois is: Operation of a nursing home  
09/30/85

6.) Number of shares authorized and issued (as of )

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Common	---	None	3,000	500

7a.) The amount of paid-in capital as of 09/30/85 is:

PAID-IN CAPITAL \$ 442,000.00

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

TOTAL \$ 442 000

THIS REPORT MUST BE SIGNED

8.) By

X B. L. B. Hollander President 10/24/85

Attest

J. P. ... Secretary 10/24/85

Under the penalty of perjury and as an authorized officer, I 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.

(Please complete reverse side of this report)

85302144

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# UNOFFICIAL COPY

9-016-2202 6

STATE OF ILLINOIS  
DEPARTMENT OF REVENUE  
CHICAGO, ILL. 60601-0001

STATE OF ILLINOIS  
DEPARTMENT OF REVENUE  
CHICAGO, ILL. 60601-0001

11-30-65

REGISTERED MAIL PERMIT NO. 1000  
CHICAGO, ILL. 60601-0001

NOV 29 1965

NOV 29 1965 11.00

NO.	STATE	CITY	NO.	STATE	CITY	NO.	STATE	CITY
1	ILL.	CHICAGO	1	ILL.	CHICAGO	1	ILL.	CHICAGO
"	"	"	"	"	"	"	"	"
"	"	"	"	"	"	"	"	"

CLASS	QUANTITY	TAX VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
1	1	11.00	1	1

TO THE REGISTERED CAPITAL OF THE STATE OF ILLINOIS

REGISTERED CAPITAL OF THE STATE OF ILLINOIS

11.00

85-302144



11-30-65