PLEASE TYPE OR PRINT CLEARLY - FILING DEADLINE IS

PRIOR TO 02/01/86

0 5300-221-8

RETURN TO:

1.)

Corporation Department Secretary of State FEB () 7 1986 Springfield, IL. 62756 Telephone (217) 782-7808

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO. Federal Employer Identification Number

YEAR OF 1985

Secretary of State

Corporation Department

(FEIN)

& B CHARTER SERVICES, LTD. % ALFRED L LEVINSON 157 MORTH BROADWAY STREET 60067-0000 PALATTNE, IL.

2.) FOR CHANGES ONLY

3.) Date Incorporated 0.2/18/1983 Period of duration PERPETUAL (li not parpalual) Give complete address of principal office:

ALFRED L. LEVINSON Registered Agent

1550 North Northwest Highway Registered Office - Street Address te 308

Suite

Park Ridge, Illinois 60068

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

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
ALLEN GUNTHER	President	3200 Universicy.	Highland Park.	Illinois	60035
BARBARA: GUNTHER	Secretary	11	11	11	l1
ALLEN GUNTHER	Treasuter	a a	1)	H .	
ATTEN GUNTHER	Director	11	U	11	11
BÄRBARA:GUNTHER	Director	11	ıt	11	ti
	Director				
one per	Director		4		
A Company	Director)	

The type of business actually conducted in Illinois is:

Number of shares authorized and issued (as of 11/30/85)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Contrion	None	No par value	10,000	100

7a.) The amount of paid-in capital as of is: 11/30/85 1,000.00

PAID-IN CAPITAL

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

TOTAL

1 000

REPORT MUST BE SIGNED

/86 8.) By (Any Authorized Officer's Signature) (Title) (Date) s. or V. Pres. required IT changes listed in 2) /86 1/

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 bellet, true, correct, and complete.

United the parisher of parjuly and as an authorized officer,

Attest

whata Gunther Secretary (Secretary's or ass't, Secretary's Signature required only if changes listed in 2)

(Date) (Title)

UNOFFICIAL COPY

Total Care

FEB-25-86

Property of Coot County Clert's Office 17 :11 98 934 SZ

