

FILED

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RETURN TO: Corporation Department, Secretary of State, Springfield, IL 62756, Telephone (217) 782-7808

FEB 06 1986

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO. D 5031-221-6, Federal Employer Identification Number (FEIN) 36-2780917

YEAR OF 1985

Secretary of State

READ ACCOMPANYING FILING INSTRUCTIONS BEFORE MAKING ENTRIES

PLEASE RETURN PRE-ADDRESSED FORM; OTHER ENCLOSED FORM FOR YOUR FILE. Your cancelled check is your receipt.

1.) Regional Energy Associates, Inc. Area Pet Supply, 2165 Estes, Elk Grove, IL 60007

o/b c/w

2.) FOR CHANGES ONLY

Paul R Lesle, Registered Agent

2165 Estes, Registered Office - Street Address, Elk Grove, IL 60007, City, County, IL Zip Code

3.) Date Incorporated

Period of duration (If not perpetual)

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

Table with 6 columns: NAME, OFFICE, NUMBER & STREET, CITY, STATE, ZIP. Rows include Paul R Lesle (President) and Rita Lesle (Secretary) at 6876 Touhy, Niles, IL 60648.

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

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

Table with 5 columns: CLASS, SERIES, PAR VALUE, NUMBER AUTHORIZED, NUMBER ISSUED. Row: Common, 0, 1000, 900.

7a.) The amount of stated capital and paid-in surplus as of is:

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

STATED CAPITAL \$, PAID-IN SURPLUS \$, TOTAL \$ 9000

TOTAL \$ 9000

86-160179

(Please complete reverse side of this report)

8.) By [Signature], (Any Authorized Officer's Signature) (Pres. or V. Pres. required if changes listed in 2)

[Signature] (Title), 1/28/86 (Date)

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.

Attest [Signature] (Secretary's or ass't. Secretary's Signature required only if changes listed in 2) (Title) (Date)

THIS REPORT MUST BE SIGNED

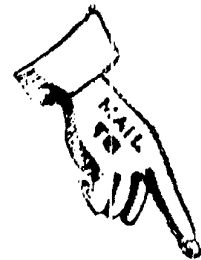
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