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PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 06/01/86

RETURN TO:

STATE OF ILLINOIS

CORPORATION

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

DOMESTIC CORPORATION ANNUAL REPORT

FILE NO.
D 5387-797-4

YEAR OF 1986

MAY 19 1986

1.) Secretary of State
Corporation Department
REGISTERED AGENT
REGISTERED OFFICE
CITY, IL, ZIP CODE

COUNTY DEVELOPMENT CORPORATION
% PHILLIP RADMER
134 N LA SALLE ST #1114
CHICAGO, IL 60602-0000

061485

016

1 3 3 6 1 0 4 2 9

2.) AGENT/OFFICE CHANGES ONLY (see 11h)

COUNTY DEVELOPMENT CORPORA

Corporation Name

JOAN FRIED

Registered Agent

134 No. LaSalle St. #1114

Registered Office - Street Address

Chicago, Cook, IL 60602

City, County, IL Zip Code

3.) Date Incorporated 06/14/1985

Give complete address of principal office or other than above:

Federal Employer Identification Number None - this is an inactive corporation; no employees; no business is conducted.

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

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
JOAN FRIED	President	134 No. LaSalle St.,	Chicago,	Illinois	60602
GINA FRIED MILLER	Secretary	134 No. LaSalle St.,	Chicago,	Illinois	60602
	Treasurer				
HARRISON FRIED	Director	134 No. LaSalle St.,	Chicago,	Illinois	60602
ANTHONY FRIED	Director	134 No. LaSalle St.,	Chicago,	Illinois	60602
	Director				

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

6.) Number of shares authorized and issued (as of 03/31/86)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
NON-PAR	NONE	NONE	100	100

7a.) The amount of paid-in capital as of 03/31/86 is:

*PAID-IN CAPITAL \$ _____

**"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings.

7b.) The Paid-in Capital as of 03/31/86 on record with the Secretary of State is:

TOTAL \$ 1 000

(The figure in Item 7b may not be altered.)

Box 82

ITEM 8 MUST BE SIGNED

8.) By Joan Fried Pres. 5/14/86
(Any Authorized Officer's Signature) (Title) (Date)
(Pres. or V. Pres. required if changes listed in 2)

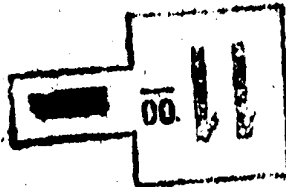
Attest Gina Miller Fried Secy. 5/14/86
(Secretary's or ass't. Secretary's Signature) (Title) (Date)
required only if changes listed in 2)

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.

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