

UNOFFICIAL COPY

10-1-86

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: 1st day of October

RETURN TO:

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

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO.
D 5011-898-3

YEAR OF 1986

87091835

Z CM

FILED

JAN 27 1987

1.) CORPORATE NAME GNP COMMODITIES, INC.
REGISTERED AGENT % BRIAN P MONIESON
REGISTERED OFFICE 30 S WACKER DRIVE 9TH FLOOR
CITY, IL, ZIP CODE CHICAGO, IL. 60606-0000

JIM EDGAR
Secretary of State

2.) AGENT/OFFICE CHANGES ONLY (see 11h)
GNP COMMODITIES, INC.

3.) Date Incorporated 10-30-72
Give complete address of principal office, if other than above:

X Corporation Name
Marc S. Simon
X Registered Agent
180 N. Michigan Avenue, #2000
X Registered Office - Street Address
Chicago, IL 60601
City, County, IL Zip Code

Federal Employer Identification Number (FEIN)

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

NAME	Chief Ex.	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Brian P. Monieson/Officer	XXXXXX		30 S. Wacker Drive, 9th Floor, Chicago, IL	Chicago	IL	60606
Marvin Shrear		Secretary	30 S. Wacker Drive, 9th Floor, Chicago, IL	Chicago	IL	60606
Marvin Shrear		Treasurer	30 S. Wacker Drive, 9th Floor, Chicago, IL	Chicago	IL	60606
Fred Bryzozowski/Sr. VP		XXXXXX	30 S. Wacker Drive, 9th Floor, Chicago, IL	Chicago	IL	60606
Brian P. Monieson		Director	30 S. Wacker Drive, 9th Floor, Chicago, IL	Chicago	IL	60606
Myron Roy Rosenthal		Director	30 S. Wacker Drive, 9th Floor, Chicago, IL	Chicago	IL	60606

5.) The type of business actually conducted in Illinois is: to buy, sell, transport and process all types

6.) Number of shares authorized and issued (as of _____ of agricultural produce and farm animals, etc.)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Common	None	\$1.00	100,000	20,810

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

*PAID-IN CAPITAL \$ 900,000

**"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 _____ on record with the Secretary of State is:

TOTAL \$ 900,000

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

ITEM 8 MUST BE SIGNED

8.) By *X B P M*
(Any Authorized Officer's Signature)
(Pres. or V. Pres. required if changes listed in 2)

Ch. Ex. Officer *1/21/87*
(Title) (Date)

Attest *[Signature]*
(Secretary's or Ass't Secretary's Signature
required only if changes listed in 2)

Secretary *1/21/87*
(Title) (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

87091835

UNOFFICIAL COPY

66812111

Property of Cook County Clerk's Office

1102

-R7-091835

87091835

1

FEB-17-87

41501 • 87091835 • A -

17 FEB 87 10: 09

87091835