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FILING DEADLINE IS: PRIOR TO 01/01/87

RETURN TO:

STATE OF ILLINOIS

CORPORATION

Corporation Department
Secretary of State
Springfield, IL 62756
Telephone (312) 779-2200

DOMESTIC CORPORATION ANNUAL REPORT

FILE NO.
0 5409-775-1

YEAR OF 1987

FILED

DEC 29 1986

JIM EDGAR

1.) **Secretary of State**
CORPORATE NAME
REGISTERED AGENT
REGISTERED OFFICE
CITY, IL, ZIP CODE

LAKESIDE INSURANCE AGENCY, INC.
% JOHN H COX 010686
770 FRONTAGE ROAD #155
NORTHFIELD, IL. 60093-0000

3 5 0 6 5 2 9 3

3.) Date Incorporated 01/06/1986
Give complete address of principal office, if other than above:

1900 Waukegan Road, Suite 204
Glenview, Illinois 60025

Federal Employer Identification Number
(FEIN) 36-3402537

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

LAKESIDE INSURANCE AGENCY, Inc

Corporation Name

Wayne R. Meling

Registered Agent

209 Sunset Ridge Road

Registered Office - Street Address

Northfield, Cook, IL 60093

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
Wayne R. Meling	President	209 Sunset Ridge Rd.,	Northfield, IL		60093
Patricia Meling	Secretary	209 Sunset Ridge Rd.,	Northfield, IL		60093
Wayne R. Meling	Treasurer	209 Sunset Ridge Rd.,	Northfield, IL		60093
Wayne R. Meling	Director	209 Sunset Ridge Rd.,	Northfield, IL		60093
	Director				
	Director				

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

6.) Number of shares authorized and issued (as of 10/31/86)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON		NPV	100,000	1,000

7a.) The amount of paid-in capital as of 10/31/86 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 10/31/86 on record with the Secretary of State is:

TOTAL \$ 1 000

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

ITEM 8 MUST BE SIGNED

8.) By Wayne R. Meling (Any Authorized Officer's Signature) (Title) (Date) 12/1/86

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 Patricia Meling (Secretary's or Ass't Secretary's Signature required only if changes listed in 2) (Title) (Date) 12/1/86

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