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PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 06/01/87

RETURN TO:

Corporation Department
Secretary of State
Springfield, IL 62756
Telephone (217) 782-7908

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO.

D 4437-922-8

YEAR OF 1987

FILED

MAY 29 1987

87338699

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

SAUGANASH ANIMAL HOSPITAL, INC.
% ERNEST W FREIER
150 S WACKER DR
CHICAGO, IL 60606-0000

041983

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

1 4 1 1 3 7 4 2

Corporation Name

Registered Agent

X 340 Auburn Avenue

Registered Office - Street Address

X Winnetka IL Cook 60093

City, County, IL Zip Code

3.) Date Incorporated

06/30/1964

Give complete address of principal office, other than above.

Federal Employer Identification Number
(FEIN) 362532256

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

| NAME | OFFICE | NUMBER & STREET | CITY | STATE | ZIP |
|------------------|-----------|-----------------------|---------|-------|-------|
| Norris E. Boothe | President | 4054 W. Peterson Ave. | Chicago | IL | 60646 |
| Teddi D. Boothe | Secretary | " | " | " | " |
| Harry W. Boothe | Treasurer | " | " | " | " |
| Norris E. Boothe | Director | " | " | " | " |
| Teddi D. Boothe | Director | " | " | " | " |
| Narry W. Boothe | Director | " | " | " | " |

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

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

| CLASS | SERIES | PAR VALUE | NUMBER AUTHORIZED | NUMBER ISSUED |
|---------|--------|-----------|-------------------|---------------|
| NON PAR | | NPV | 20,000 | 5,000 |

7a.) The amount of paid-in capital as of 03/31/87 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 03/31/87 on record with the Secretary of State is:

TOTAL \$ 5 000

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

ITEM 8 MUST BE SIGNED

8.) By

Norris E. Boothe
(Any Authorized Officer's Signature)

President
(Title)

5/21/87
(Date)

(Plus or V. Pres. required if changes listed in 2)

Attest

Teddi D. Boothe
(Secretary's or Ass't Secretary's Signature)

Secretary
(Title)

5/21/87
(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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Property of Cook County Clerk's Office

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