UNOFFICIALIO

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 05/01/87

| | | | | | |
|---|--------------------------|----------------------------|---|------------------------------|------------------|
| RETURN TO: | STATE OF ILLINOIS CORPOR | | | | CORPORATION |
| Corporation Department Secretary of State | DOMESTI | C CORPORATION A | NNUAL REPORT | | FILE NO. |
| Springfield, IL_62756 | | | | | D 425-558 |
| Telephone (217 Te297 av8 | | YEAR OF | 1987 | | <i>x</i> / |
| JUN22 1987 | 87380814 | | | | |
| JUI EDGAR | FRITZ CO | NSTRUCTION, IN | | | |
| 1.) Secretary of State | % RONALD | FRITZ | 0.5 | 3286 | |
| CORPORATE NAME | 38 N BRO | | | | COOK |
| REGISTERED AGENT REGISTERED OFFICE | DES PLAII | NES. IL. 6001 | 6-0000 | | $ C_{I_{\ell}} $ |
| CITY, IL, ZIP CODE | 1 2 | 199 | 2.) AGENT/OFF | ICE CHANGE | S ONLY (see 11h) |
| | 1 ** | | <u> ERITZ</u> | CONSTRUC | TION, INC. |
| | 9 | | | Corporation f | |
| 3.) Date Incorporated 05/2 | 22/1986 | | | Registered A | oen! |
| Give complete address of principal office, if other than above: | | | √ 2720 | DESFIMILE | |
| | Ox | | RE | gistered Office · Si | reel Address |
| Federal Employer Identification Numb | er | 7 | DES [| City, County, IL | |
| (FEIN) | 464.73 | 0 | · · · · · · · · · · · · · · · · · · · | ,,,, |) |
| 性) The names and address | es of the office | rs and directors are: | (If officers are dire | ectors, so sta | le.) |
| NAME | OFFICE | NUMBER & STREET | CITY | STATE | ZIP 💢 |
| RENAID FRITZ | President | 1647 (16522) | FIX COPOUR | <i>Ŧ.</i> [: | 60007 |
| 1) | Secretary | | 11 | | |
| 1 | Treasurer | | 11 | | |
| | Director | | 11 | | Or. |
| | Director | | | | |
| | Director | | | | |
| 5.) The type of business act | ually conducte | d in Illinois is: | | | |
| 6.) Number of shares author | rized and issue | d (as of 02/28/87 | | | |
| CLASS SERIES | PAR ' | /ALUE N | UMBER AUTHOR ZEC | | NUMBER ISSUED |
| COMMON | | | 10,000 | | 1.00 |
| | | | ter til har i kilangi. Disi di disembah sahah dan | _(_) | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| • | | | | 10 | } |
| 7a.) The amount of paid-in c | apital as of is: | 02/28/87 ^{7b.)} 1 | The Paid-in Capital and record with the S | as of n2/2 Secretary of S | tate is: |
| PAID-IN CAPITAL \$ | | | OTAL \$ | | 1 000 |

TEM 8 MUST BE SIGNED

(Title)

| 81 | Rν |
|-----|----|
| υ., | ΟУ |

Attest

(ij.

(Any Authorized Officer's)Signature) (Pres. or V. Pres. Lequired if changes listed in 2)

required only if changes listed in 2)

""Paid-in Capital" replaces the terms

Stated Capital and Paid-in Surplus. It does not include Retained Earnings.

Don Hatru (Secretary's or ass't Secretary's Signature

6-1-8 Jana & (little)

Under the penalty of perjuty 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.

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



UNOFFICIAL COPY

- 2 8 4 - 3 18 8 8 4 1

90,

101-10-87 46099 87380814 A - REC

12.00

10 .00 (7 0 5 1)

12. BO

87380814