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FILING DEADLINE IS: PRIOR TO 01/01/88

RETURN TO:

Corporation Department Secretary of State Springheld II Telephone

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO. D 4729-054-6

YEAR OF 1988

DEC 24 1987

JIM EDCAR Secrotary of State

CORPORATE NAME REGISTERED AGENT REGISTERED OFFICE CITY, IL, ZIP CODE

G-M LABORATORIES, INC. % BERNARD C GRAFFT 3407 NORTH KIMBALL AVENUE CHICAGO, IL. 60618-5505

COOK

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

88275865

G-M LABORATORIES, INC. Corporation Name

3.) Date incorporated 01/17/1967 Give complete address of principal office, ii other than above:

Federal Employer Identification Number (FEIN) * 362715772

Registered Agent 6417 N. Ravenswood Avenue Registered Office - Street Address

<u> Illinois 60626</u> 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
Bernard C. Grafft *	President	6417 N. Revenswood Chicago Illinois 60626
Charles F. Hartt *		6417 N. Rayenswood Chicago Illinois 60626
Bernard C. Grafft		6417 N. Raverswood Chicago Illinois 60626
James Grafft	Director	1111 W. Racine Janesville Wisconsin 53545
	Director	
* Also directors	Director	C/

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

6.) Number of shares authorized and issued (as of 10/31/87

PAR VALUE CLASS SERIES NUMBER AUTHORIZED NUMBER ISSUED N/A 100 PAR STOCK 10 מחמ

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

10/31/87

7b.) The Paid-in Capital as of 10/31/87 on record with the Secretary of State is:

TOTAL \$ _

1 000

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

*PAID-IN CAPITAL \$ 1,000

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

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8.) By

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

(Secretar required only if changes listed in 2)

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Or Coot County Clark's Office

