UNOFFICIAL

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 04/01/88

RETURN TO:

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO. D 5462-430-1

YEAR OF 1983

3555 7.6 2533

1.) REGISTERED AGENT BOTTLEWERKS MOLDING, INC. % RONALD R DELMENICO 33 N DEARBORN SUITE 2011 CHICAGO, IL. 50602

041087

COCK

REGISTERED OFFICE CITY, IL, ZIP CODE

3.) Date Incorporated 04 / 10 / 10 87

Give complete address of principal office, i other than above:

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

BOTTLEWERKS MOLDING, INC.

Corporation Name

Ronald R. Delmenico

Registered Agent

20 North Wacker Drive #2240

Registered Office · Street Address

Chicago COOK IL 60606

City, County, IL Zip Code

Federal Employer Identification Number

Applied for

4.) The names and addresses of the officers and directors are: (If officers are directors, so state.) CIOR 1 SHEATE & COLOR

NAME	OFFICE	NUMBER & STREET	ÇITY	STATE	ZiP	Č
Guy G. Gardner	President	1000 E. 87th Street	Chicago, II	60619		—ō
Guy G. Gardner	Secretary	1000 E. 87th Street	Chicago, II	60619		
Guy G. Gardner	Treasurer	1000 E. 87th Screet	Chicago, II	60619	······	-⊋
Guy G. Gardner	Director	1000 E. 87th Street	Chicago, II	60619		. 20
	· Director					 -,
	Director					

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

6.) Number of shares authorized and issued (as $o_{0.1/3.1/8.8}$) 1000

CLASS SERIES **PAR VALUE**

NUMBER AUTHORIZED

NUMBER ISSUED

COMMON

none

1,000

1,000

7a.) The amount of paid-in capital as of 01/31/98

is:

1,000

7b.) The Paid-in Capital as of 01/3 288 on record with the Secretary of State is:

TOTAL \$ ____

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

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

'PAID-IN CAPITAL \$ __

EM 8 MUST BE SIGNED

President 3-1-88 (Any Authorized Officer's Signature) (Date) <u>᠈</u>᠈᠈*ϒϒ*ϔͺϒϒϒϒϔϔϔϒϒϒϒϒϒϔʹϔʹ

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the ledge and belief, true, correct, and complete.

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COOK COUNTY RECORDER

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