, October		(OF			. 0	OPY		No. JOH	
<u>Š</u>	2559	1	1 3 7	<b>B</b> 9	5 0	3-7-3	UE35	00100-	1.153,000
)	PLEASE TYPE OR PRINT CLEARLY IN BLACK INK			•	FILING DEADLINE IS: 7/89				
	RETURN TO: Corporation Department Secretary of State Springlield, IL. 62756 Telephone (217) 782-7808	STATE OF ILLI DOMESTIC CORPORATION YEAR OF			ANNUAL REPORT			CORPORATION FILE NO. D 5516-453-3	
	CORPORATE NAME REGISTERED AGENT REGISTERED OFFICE CITY II 7/8 CORE	1A  ND 1RB SI N. SI 1460, 14	ANAS! OUX				E CḤANG	ES ONLY (see 11h	)
	3.) Date Incorporated 7/23/88 Give complete address of principal office, if other than above:  1200 STATE STREET  CHICAGO HTS., 14 60411  Federal Employer Identification Number  (FEIN) 36-3592951    LLIANA INDUSTRIAL CENTERS II  Corporation Name  C/O FURD C. JUNE III  Registered Agent  W. VAN BUREN ST- #200  Foliation Number  City, County, IL Zip Code								
	4.) The names and addresses of NAME	the office		ECTOIS STEET	Poffic	cers are direct	tors, so sta STATE	ate.) ZIP	\ _
	RICHARD A. LAWSON	President		14.DIERA	<u>DR.,</u>	SHOREWO	OD /L	60436	DIRECT
	CHERYL A. LAWSON	Secretary	"				- "		
•	JULIE M. YORT	Treasurer	22500	CLAREN	DON,	RICHTON	PARK	12 60471	
	CRAIG G. YORT - V.P.	Director				<del></del>			· ~
		Director						<del></del>	<b>(</b> 5
•	P. The Assessment Control of the Con	Director		<del></del>		·/	<del></del>	<del></del>	
<ul><li>5.) The type of business actually conducted in Illinois is:</li><li>6.) Number of shares authorized and issued (as of )</li></ul>									Ó
	CLASS SERIES			A11	/ BADEM /	UTUOR ZED		ANAMOED IODIED	508730
_	COMMON SERIES PARVALUE				NUMBER AUTHORIZED /OOOD			NUMBER ISSUED (C)	
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•			·········	<del></del>				<u> </u>	
•	7a.) The amount of paid-in capital as of is:				7b.) The Paid-in Capital as of 4/30/89 on record with the Secretary of State is:				
	PAID-IN CAPITAL \$ /000				TOTAL \$ 1000				
	"Paid-in Capital" replaces the terms				(The figure in Item 7b may not be altered.)				
	Stated Capital and Paid-in Surplus.				89508730				
	It does not include मिंदी ned Earnings.						033	10130	
							100		

## Signature) (Title) (Date) Under the penalty of I declare that this all statement of change

8.) By

Attest

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

(Pres. or V. Pres. sequired if changes listed in 2)

(Secretary signature required only if changes listed in 2)

(Title)

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. ledge and belief, true, correct, and complete.

## **UNOFFICIAL COPY**

Don Or Coot County Clert's Office

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