

# UNOFFICIAL COPY

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PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

89553848  
FILING DEADLINE IS: PRIOR TO 12/01/89

RETURN TO:  
Corporation Department  
Secretary of State  
Springfield, IL 62756  
Telephone (217) 792-7808

STATE OF ILLINOIS  
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION  
FILE NO.  
D 5531-665-1

YEAR OF 1989

1.) KAISER LOFTRIUM CORP.  
% DONALD I RESNICK 120588  
CORPORATE NAME 303 W MADISON ST STE 1700 COOK  
REGISTERED AGENT CHICAGO, IL. 60606  
REGISTERED OFFICE  
CITY, IL, ZIP CODE

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

KAISER LOFTRIUM CORP.

Corporation Name

Donald I. Resnick U/V

Registered Agent

20 North Clark St., Suite 501

Registered Office - Street Address

Chicago, 60602

City, County, IL Zip Code

3.) Date Incorporated 12/05/1988

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

NOV 15 1989

JIM SMITH

Secretary of State

Federal Employer Identification Number (FEIN)

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

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Jordon Kaiser	President	2001 North Clybourn, Ste. 402	Chicago	IL	60614
David Kaiser <i>vice Pres.</i>	Secretary	(same as above)			
Jeffrey Kaiser <i>vice Pres.</i>	Treasurer	(same as above)			
Jordon Kaiser	Director	(same as above)			
Walter Kaiser <i>vice Pres.</i>	Director	(same as above)			
Jeffrey Kaiser	Director	(same as above)			

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

6.) Number of shares authorized and issued (as of 09/30/89)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMM			100,000	1000,000

7a.) The amount of paid-in capital as of 09/30/89 is:

\*PAID-IN CAPITAL \$ 50,000

\*\*"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 09/30/89 on record with the Secretary of State is:

TOTAL \$ 50,000

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

## ITEM 8 MUST BE SIGNED

8.) By *[Signature]* *[Title]* *[Date]*  
(Any Authorized Officer's Signature) (Title) (Date)  
\*Pres. required if changes listed in 2)

Attest *[Signature]* *[Title]* *[Date]*  
\*Secretary's Signature required only if changes listed in 2) (Title) (Date)

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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. COOK COUNTY RECORDER

89553848

Lynn LeVern Steu + Resnick  
30 N Clark Street Ste 500  
Chicago IL 60602  
ATT: Marcy Pollan