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FILING DEADLINE IS:

12

RETURN TO:

Corporation Department
Secretary of State
Springfield, IL 62756
Telephone (217) 782-7800

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO.
D-5451-031-4

YEAR OF 1989

89148980

1.)

CORPORATE NAME S&H ENTERPRISES, INC.
REGISTERED AGENT ELLIOT M. PAUL
REGISTERED OFFICE 20 E. Jackson Blvd., Suite 400
CITY, IL, ZIP CODE Chicago, Illinois 60604

FILED

AGENT/OFFICE CHANGES ONLY (see 11h)

3.) Date Incorporated January, 1987
Give complete address of principal office, if other than above:

MAR 22 1989

JIM EDGAR
Secretary of State

Corporation Name
ELLIOT M. PAUL
Registered Agent
20 E. Jackson Blvd., #400
Registered Office - Street Address
Chicago, IL 60604
City, County, IL Zip Code

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
WILLIAM L. STORTENBECKER	President	Dir. 5436 N. Sawyer	Chicago	IL	
PATRICIA STORTENBECKER	Secretary	Dir. 5436 N. Sawyer	Chicago	IL	
PATRICIA STORTENBECKER	Treasurer	Dir. 5436 N. Sawyer	Chicago	IL	
WILLIAM A. STORTENBECKER	Director	5436 N. Sawyer	Chicago	IL	
	Director				
	Director				

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

6.) Number of shares authorized and issued (as of)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Common		NPV	1,000	1,000

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

*PAID-IN CAPITAL \$ 1,000.00

***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

on record with the Secretary of State is:

TOTAL \$ 1,000.00

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

ITEM 8 MUST BE SIGNED

8.) By 'x' W. L. Stortenbecker Pres 2-18-89
(Any Authorized Officer's Signature) (Title) (Date)
(Pres. or V. Pres. required if changes listed in 2)

Attest 'x' Patricia Stortenbecker Secretary 2/18/89
(Secretary's or ass't Secretary's Signature) (Title) (Date)
required only if changes listed in 2)

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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Property of Cook County Clerk's Office

DEPT-01 \$12.25
T#1111 TRAN 9061 04/05/89 12:23:00
#8727 # A *89-148980
COOK COUNTY RECORDER

ELLIOT M. PAUL, ATTORNEY AT LAW
20 E. Jackson Blvd. Suite 400
CHICAGO, ILLINOIS 60604