PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 12/01/89

90005991

RETURN TO:

Corporation Department Secretary of State Springfield, IL. 62756 Telephone (217) 782-7808

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO. D 5447-697-3

YEAR OF 1989

1.)

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

FRANK'S GLASS SERVICE, INC. % RONALD W KATZ 422 N NORTHWEST HWY STE 150 PARK RIDGE, IL. 60068-3261

121586

COOK

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

FRANK'S GLASS SERVICE, IN Corporation Name Ronald W. Katz

3.) Date Incorporated 12/15/1936

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

DEC ; 4 1737

JULY TORKE

Registered Agent 1460 N. Northwest Hwy., #208

Registered Office - Street Address Park Ridge, IL 60068

City, County, IL Zip Code

Federal Employer Identification Number (FEIN) * 363518068

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

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP Ç
(dir.)Frank Chamberlain	President	10 Shagbark Rd.	, Lake Bluff,	, IL 60044	(
(dir.) Joyce Chamberlain	Secretary	10 Shagbark Rd.	, Lake Bluff,	, IL 60044	
(dir.) Thomas Chamberlain	Vice Surer	5201 Beechwood,	Gurnee, IL		
	Director	7	/		
	Director	3			···
	Director			12.7	

5.) The type of business actually conducted in Illinois is: Sales, installation, contracting

contracting of glass & glass related 6.) Number of shares authorized and Issued (as 0/09/30/89 products.

CLASS

NUMBER AUTHORIZED

NUMBER ISSUED

COMMON 100_000

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

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

1 000 TOTAL \$ __

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

EM 8 MUST BE SIGNED

8.) By

Officer's Signature) required if changes fisted 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.

Attest

(Date)

(Title)

(Secretary's or ass't. Secretary's Signature required only if changes listed in 2)

UNOFFICIAL COPY

Teesooberty of Cookensoon Clerk's Office

COOK COUNTY RECORDER

\$13.25

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