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PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

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FILING DEADLINE IS: PRIOR TO 02/01/90

RETURN TO:

Corneration Department Secretary of State Springfield, IL. 62756 Telephone (217) 782-7808 STATE OF ILLINOIS

DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO.

YEAR OF 1990

1.)

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

NETWORKING SYSTEMS, INC. % ALAN B CASTATOR 825 NORTH CATHERINE AVENUE LAGRANGE PARK, IL. 60525

886160

COOK

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

NETWORKING SYSTEMS. Corporation Name

Castator

Registered Agent

502 West Burlington Avenue

Registered Office - Street Address

LaGrange, Illinois 60525

City, County, IL Zip Code

3.) Date Incorporated 02/13/1987 Give complete address of principal office, if other than above:

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	RASTREET		CITY		STATE	ZIP		
Lydia Cobian	President	4618	logt	Lake	Shore	Drive,	Wonder	Lake,	IL	6009
- IT - 10	Secretary	11		11	11	fi	11	))	f)	
n n	Treasurer	l)	11	95	£9	er .	11	93	11	,,
11 11	Director	11	. 11	·	- 11	fi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	н	- J)	- ,,
	Director			J			***************************************			
	Director						* <del>**</del>	<del></del>		<b>~</b> ©

5.) The type of business actually conducted in Illinois is: provide installation of area networking

6.) Number of shares authorized and issued (as of 11/30/89) , related systems

**CLASS** 

is:

NUMBER AUTHOR ZED

NUMBER ISSUED

COMMON

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

11/30/89

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

PAID IN CAPITAL \$ 1,000

TOTAL \$ \_

"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus.

It does not include Retained Earnings.

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

TEM 8 MUST BE SIGNED

8.)	Ву
<b>U.</b> ,	υ,

orized Officer's Signature) V. Pres. required if changes listed in 2)

1-14-90 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

(Secretary's or ass't, Secretary's Signature required only it changes (used in 2) to

(Title)

(Date)

## **UNOFFICIAL COPY**

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COOK COUNTY RECORDER

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