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RETURN TO:

Department of Business Services
Secretary of State
Springfield, IL 62768
Telephone (217) 782-7888

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO
D 3905-878-2

YEAR OF 1991

91484013

1.)
CORPORATE NAME
REGISTERED AGENT
REGISTERED OFFICE
CITY, IL, ZIP CODE

KINNER, INC.
X THEOPHIL S KINNER JR
7325 HERITAGE CT PO BOX 608
FRANKFORT, IL 60423

113079

WILL

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

KINNER, INC.

Corporation Name
Edward G. Sirovatka

Registered Agent
1700 167th Street Suite 6

Registered Office - Street Address
Calumet City, Ill. 60409-9907
City, County, Il Zip Code

3.) Date incorporated 07/07/1959

Give complete address of principal office if other than above

JUL 16 1991

GEORGE H. RYAN
SECRETARY OF STATE

Federal Employer Identification Number
(FEIN) • 366110596

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

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Virginia M. Kinner	President	7325 Heritage Ct. P.O.B.#608	Frankfort, Ill.		60423
Theophil S. Kinner Jr.	Secretary	7325 Heritage Ct. P.O.B.#608	Frankfort, Ill.		60423
Theophil S. Kinner Jr.	Treasurer	7325 Heritage Ct. P.O.B.#608	Frankfort, Ill.		60423
Theophil S. Kinner Jr.	Director	7325 Heritage Ct. P.O.B.#608	Frankfort, Ill.		60423
Virginia M. Kinner	Director	7325 Heritage Ct. P.O.B.#608	Frankfort, Ill.		60423
	Director				

5.) The type of business actually conducted in Illinois is: Real estate sales and management

6.) Number of shares authorized and issued (as of 05/31/91)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
PAR STOCK	7070	\$10.00	100	100

7a.) The amount of paid-in capital as of 05/31/91 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 05/31/91 on record with the Secretary of State is:

TOTAL \$ 1,000

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

ITEM 8 MUST BE SIGNED!

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 of 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.

8.) By Virginia M. Kinner
(Any Authorized Officer's Signature)

1 (Signature) 7-2-91 (Date)

Deliver to: VIRGINIA M. KINNER
1282 ANTIQUA CT
MARCO ISLAND, FL 33987

MAIL to

1300

91-44249

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Shirley R. Kwock
RECORDER

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