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91236640

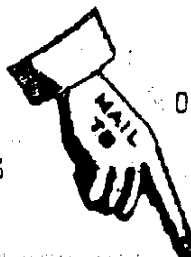
RETURN TO: Department of Business Services Secretary of State Springfield, IL 62758 Telephone (217) 782-7808

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO. D 4658-014-1

YEAR OF 1991

91236640



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

LESTER LAMPERT, INC. % CHARLES EVANS GERBER 208 SOUTH LASALLE ST CHICAGO, IL. 60604-1093

032483

COOK

FILED

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

LESTER LAMPERT, INC. Corporation Name

- 3.) Date Incorporated 05/25/1966

APR 24 1991

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

701 N. Michigan Ave. Chicago, IL 60611

GEORGE H. RYAN SECRETARY OF STATE

Federal Employer Identification Number (FEIN) * 362594547

Registered Agent 2 N. LaSalle St., Ste. 2200 Registered Office - Street Address Chicago, Cook, IL 60602 City, County, IL Zip Code

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

Table with columns: NAME, OFFICE, NUMBER & STREET, CITY, STATE, ZIP. Rows include Lester Lampert, Dir. & Gerald Lapin.

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

- 6.) Number of shares authorized and issued (as of 02/28/91)

Table with columns: CLASS, SERIES, PAR VALUE, NUMBER AUTHORIZED, NUMBER ISSUED. Row: NON-PAR-ST, NPV, 20000, 4000.

- 7a.) The amount of paid-in capital as of 02/28/91 is:

*PAID-IN CAPITAL \$40,000 **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 02/28/91 on record with the Secretary of State is:

TOTAL \$ 40,000 (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/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

8.) By [Signature] Secretary 4/19/91 (Any Authorized Officer's Signature) (Title) (Date)

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Handwritten signature or initials

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