

YEAR OF
File Prior to: 1989

UNOFFICIAL COPY

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO

D 4992-003-2

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

- 1.) CHANGES ONLY: REGISTERED AGENT
 REGISTERED OFFICE Sherwin I. Pogrud
 CITY, IL ZIP CODE 221 N. LaSalle #3200
 Chicago, IL 60601
- 2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

COUNTY Cook

EM

LAMB CORPORATION
SHERWIN I. Pogrud
221 N. LaSalle #3200
Chicago, IL 60601

FILED
MAY 31 1992

92240081

COUNTY Cook

GEORGE H. RYAN
SECRETARY OF STATE

- 3.) Date Incorporated 11/08/1971
- 4.) The names and residential addresses of ALL officers & directors MUST be listed here!

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Burton A. Klein	6825 N. Lincoln	Lincolnwood	IL	60646
Secretary	Adina Klein	"	"	"	"
Treasurer	"	"	"	"	"
Director	Burton A. Klein	"	"	"	"
Director					

5.) If 51% or more of the stock is owned by a minority or female, please check appropriate box Minority Owned Female Owned

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed BCA 14 30 must be completed.

6.) Number of shares authorized and issued (as of 08/31/92):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Par Stock			10,000	
				DEPT (1) RECORDING \$23.50
				1-2222 TRAN 1837 04/09/92 10:57:00
				#1407 * B * 92-240081
				COOK COUNTY RECORDER

7a.) The amount of paid-in capital as of is: \$ 40,000.00

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 40,000.00

8.) By [Signature] President 3/11/92
(Any Authorized Officer's Signature) (Title) (Date)

RETURN TO:

Department of Business Services
Secretary of State
Springfield, IL 62756
Telephone (217) 782-7808

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 age 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.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT

SECRETARY

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

PRESIDENT

SECRETARY

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED =

92240081

2350

File No.