

# UNOFFICIAL COPY

YEAR OF 1992 7 2  
File Prior to: 06/01/92

9 3 7 9 1  
STATE OF ILLINOIS  
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION  
FILE NO.

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

D 5348-385-2

1.) CHANGES ONLY: REGISTERED AGENT Bruce K. Crowther  
REGISTERED OFFICE 800 West Central Road  
CITY, IL ZIP CODE Arlington Heights, IL 60005

92383496

COUNTY Cook

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

NORTHWEST COMMUNITY HEALTH SERVICES,  
INC.  
% MALCOLM D MACCOUN 060684  
800 WEST CENTRAL ROAD  
ARLINGTON HEIGHTS, IL. 60005-2349

616  
**FILED**

COOK MAY 11 1992  
COUNTY GEORGE H. RYAN  
SECRETARY OF STATE

3.) Date Incorporated 06/01/1984

4.) The names and residential addresses of ALL officers & directors MUST be listed here!

92383496

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Bruce K. Crowther	800 West Central Road	Arlington Hts.	IL	60005
Secretary	Michael B. Zenn	800 West Central Road	Arlington Hts.	IL	60005
Treasurer	Michael B. Zenn	800 West Central Road	Arlington Hts.	IL	60005
<del>Director</del> Vice President:	Kathy Reno	800 West Central Road	Arlington Hts.	IL	60005
Director	Note: These three individuals are both Officers and Directors of the Company.				

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 03/31/92):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON		1.00000	1000	1000.000
				DEPT-01 RECORDING \$23.50
				T#8888 TRAN 5587 06/02/92 10:38:00
				#6872 * -92-383496
				COOK COUNTY RECORDER

7a.) The amount of paid-in capital as of 03/31/92 is: \$ 10,000

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 10 000

8.) By Michael B. Zenn Secretary/Treasurer 4/22/92  
(Any Authorized Officer's Signature) (Title) (Date)

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.

RETURN TO:

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

**ITEM 8 MUST BE SIGNED!**

**(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)**

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2018/01/17

Property of Cook County Clerk's Office



98908333

Return to  
Barbara A. Weiner  
600 Central Ave  
Suite 333  
Highland Park, IL 60035