

YEAR UP
File Prior to: 1992

UNOFFICIAL COPY

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE NO.
5160-031-2

1.) CHANGES ONLY: REGISTERED AGENT Wayne S. Gilmartin x
REGISTERED OFFICE 55 E. Monroe Street x
CITY, IL ZIP CODE Suite 3900 x
Chicago, IL 60603 x

COUNTY Cook x

93405164

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

Lakewest Equity, Inc.
c/o Roger F. Ruttenger
55 E. Monroe Street
Suite 3900
Chicago, IL 60603

93405164

FILED

MAY 14 1993

COUNTY Cook

3.) Date Incorporated

GEORGE H RYAN

4.) The names and residential addresses of ALL officers and directors

SECRETARY OF STATE

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Roger F. Ruttenger	300 W. Washington	Chicago	IL	60606
Secretary	Dawn Stevenson	300 W. Washington	Chicago	IL	60606
Director	Wayne S. Gilmartin	55 E. Monroe St., Ste. 3900	Chicago	IL	60603
Director	Roger F. Ruttenger	300 W. Washington	Chicago	IL	60606
Director	Andrew W. Marks	55 E. Monroe St., Ste. 3900	Chicago	IL	60603
Director					

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

6.) Number of shares authorized and issued (as of 05/11/93)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Common		N/A	10,000	10,000
Preferred		100	1,000	1,000

REC-01 RECORDING NUMBER ISSUED \$23.50
107777 TRAN 9004 05/27/93 16:21:00
#3666 # 93-905164
COOK COUNTY RECORDER

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed SCA 14.30 must be completed.

7a.) The amount of paid-in capital as of 05/11/93 is: \$ 4,500

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 4,500

8.) By Wayne S. Gilmartin Vice President 05/11/93
(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 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.

(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

23.50
5160-031-2
File No.

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

