

UNOFFICIAL COPY

93581416

RETURN TO:

NUDO, POTERACKI & ASSOCIATES, P.C.
ATTORNEYS AT LAW
SUITE WEST HIGGINS ROAD, SUITE 100
ROSEMONT, ILLINOIS 60018-0484

1993
YEAR OF
File Prior to: 04/01/93

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE NO.
D 5422-055-3

1.) CHANGES ONLY: REGISTERED AGENT
REGISTERED OFFICE 9575 W. Higgins Road, #801 +
CITY, IL ZIP CODE Rosemont, IL 60018 +

COUNTY 016

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

A.B.G., INC.
c/o DENNIS S. NUDO
1550 N. NORTHWEST HWY #211
PARK RIDGE, IL 50068-1160

JUN 27 1993
SECRETARY OF STATE
COUNTY

3.) Date Incorporated 04/23/1986

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Brian Goeske	2405 Kingfisher Lane	Rolling Meadows	IL	60008
Secretary	Anne Therese Goeske	2405 Kingfisher Lane	Rolling Meadows	IL	60008
Treasurer	Anne Therese Goeske	2405 Kingfisher Lane	Rolling Meadows	IL	60008
Director	Brian Goeske	2405 Kingfisher Lane	Rolling Meadows	IL	60008
Director	Anne Therese Goeske	2405 Kingfisher Lane	Rolling Meadows	IL	60008
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 _____):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Common	None	No Par Value	10,000	1,000,000

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

7a.) The amount of paid-in capital as of 01/31/93 is: \$ 1,000.00

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 1,000.00

DEPT-01 RECORDING 127.50
TRAN 7498 07/27/93 09:56:00
#7713 # *--93-581416
COOK COUNTY RECORDER

8.) By: [Signature] President 6/2/93
(My Authorized Officer's Signature) (Title) (Date)

RETURN TO:

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.

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

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

273.50
/ 48

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