

UNOFFICIAL COPY

YEAR 1993
File Prior to

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO.

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

1) CHANGES ONLY
REGISTERED OFFICE
CITY, IL ZIP CODE

William M. Jones
3724 W. Lexington
Chicago, Ill. 60634

93259785
COUNTY COOK

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

William M. Jones, Inc.
William Jones
3724 W. Lexington
Chicago, Illinois 60634

FILED

MAR 30 1993

93259785

COUNTY COOK

GEORGE H. RYAN
SECRETARY OF STATE

3) Date incorporated 1982

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE
President	William M. Jones	3724 W. Lexington	Chicago, Ill.	
Secretary	DORIS JONES	7511 S. CONSTANCE	CHICAGO, ILL.	
Treasurer	ROBIN WATSON	957 N. TRUMBULL	CHICAGO, ILL.	
Director	ALICE WATSON	74-10 ASTOR BLVD.	EAST ELMHURST, NY	
Director	ANDREW JONES	545 W. 115 th St.	CHICAGO, ILL.	

5) 1-51% of more of the stock is owned by a minor, or female, please check appropriate box Security Owned Female Owned

6) Number of shares authorized and issued (as of)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON		1.00	100,000,000	25,375,000

IMPORTANT! Whenever the amount in item 7a differs from the amount on file in the Secretary of State's records, the attached RCA 14-30 must be completed.

7a) The amount of paid in capital as of _____ is \$ _____
7b) The Paid in Capital on record with the Secretary of State is: \$ 13,000,000

9) By *William M. Jones* Pres. 2/15/93

RETURN TO
Department of Business Services
Secretary of State
201 North La Salle
Chicago, IL 60601
Telephone (312) 742-7878

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 officer, 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' NAME, ADDRESS ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

PRESIDENT _____

SECRETARY _____

ADDRESS: *William M. Jones* 9511 S. Constance Chicago, Ill. _____

93259785
2289-8617

