


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000005434

1. Entity Name
18-CHAI CORP.



Principal Place of Business 5500 W HOWARD ST SKOKIE, IL 60077	Mailing Address 5500 W HOWARD ST SKOKIE, IL 60077
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3428205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000673568
 03/29/07-80033-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALTER, WILLIAM A 5500 W HOWARD ST SKOKIE, IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTER, MICHAEL J 5500 W HOWARD ST SKOKIE, IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SIEGEL, RONALD F 5500 W HOWARD ST SKOKIE, IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREEDMAN, LAWRENCE M 77 W. WASHINGTON STREET CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, RANDOLPH F 5500 W HOWARD ST SKOKIE, IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOULD, SAMUEL F 1980 SPRINGER DRIVE LOMBARD, IL 60148

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/8/07** **F47-676-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #