

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90051 016 ***150.00

DOCUMENT # F94000005434

1. Entity Name

18-CHAI CORP.

Principal Place of Business 7303 N. CICERO AVENUE LINCOLNWOOD IL 60646	Mailing Address 7303 N. CICERO AVENUE LINCOLNWOOD IL 60646
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2. Principal Place of Business 5500 W. Howard Street Suite, Apt. #, etc.	3. Mailing Address 5500 W. Howard Street Suite, Apt. #, etc.
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City & State Skokie IL	City & State Skokie IL
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Zip 60077	Country	Zip 60077	Country
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4. FEI Number 36-3428205	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete ALTER, WILLIAM A 7303 N. CICERO AVENUE LINCOLNWOOD IL 60646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ALTER, MICHAEL J 7303 N. CICERO AVENUE LINCOLNWOOD IL 60646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST <input type="checkbox"/> Delete SIEGEL, RONALD F 7303 N. CICERO AVENUE LINCOLNWOOD IL 60646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FREEDMAN, LAWRENCE M 77 W. WASHINGTON STREET CHICAGO IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete THOMAS, RANDOLPH F 7303 N. CICERO AVENUE LINCOLNWOOD IL 60646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete GOULD, SAMUEL F 1980 SPRINGER DRIVE LOMBARD IL 60148

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5500 W. Howard Street Skokie IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5500 W. Howard Street Skokie IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5500 W. Howard Street Skokie IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5500 W. Howard Street Skokie IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **1/24/01** Daytime Phone #: **(847)676-4300**

CR2E034 (10/00)