

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90049 017 ***150.00

DOCUMENT # F94000005434

1. Entity Name
18-CHAI CORP.

Principal Place of Business Mailing Address
5500 W HOWARD ST **5500 W HOWARD ST**
SKOKIE IL 60077 **SKOKIE IL 60077**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
36-3428205 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 *847-676-4300*

Date Daytime Phone #

CR2E034 (9/01)