

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90149 041 ***150.00

SECRETARY AT

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3428205**

Applied For

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

847-676-4307
Daytime Phone #

CR2E034 (10/02)