


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

04-08-2005 90037 036 ****50.00
 05-10-2005 90117 036 ***100.00

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

50051315



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3428205	Applied For 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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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

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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]* Date: *3/31/05* Days/Time Phone #: *847-676-4200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/Time Phone #