

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**

2. Principal Place of Business

5500 W. Howard Street

Suite, Apt. #, etc.

3. Mailing Address

5500 W. Howard Street

Suite, Apt. #, etc.

City & State

Skokie IL

City & State

Skokie IL

4. FEI Number

36-3428205

Applied For

Not Applicable

Zip

Country

60077

Zip

Country

600775. Certificate of Status Desired ☐**\$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**

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

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

(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	CD	<input type="checkbox"/> Delete
NAME	ALTER, WILLIAM A	
STREET ADDRESS	7303 N. CICERO AVENUE	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALTER, MICHAEL J	
STREET ADDRESS	7303 N. CICERO AVENUE	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	SIEGEL, RONALD F	
STREET ADDRESS	7303 N. CICERO AVENUE	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	
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	7303 N. CICERO AVENUE	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOULD, SAMUEL F	
STREET ADDRESS	1980 SPRINGER DRIVE	
CITY-ST-ZIP	LOMBARD IL 60148	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5500 W. Howard Street
CITY-ST-ZIP	Skokie IL 60077
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5500 W. Howard Street
CITY-ST-ZIP	Skokie IL 60077
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5500 W. Howard Street
CITY-ST-ZIP	Skokie IL 60077
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5500 W. Howard Street
CITY-ST-ZIP	Skokie IL 60077
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01 (847) 676-4300

CR2E034 (10/00)