

**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

**5500 W HOWARD ST
SKOKIE, IL 60077**

Mailing Address

**5500 W HOWARD ST
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 ☐	\$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**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

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

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

847676-1200

Daytime Phone #