

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH October YEAR 2002

PRIMARY EVENT COUNTY: Cook

COMPANY NAME:	<u>Marriott Distribution Service Center</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>6425 Muirfield Drive</u>	WARN NOTIFIED DATE:	<u>10-1-2002</u>
		FIRST LAYOFF DATE:	<u>12-1-2002</u>
CITY, STATE, ZIP:	<u>Hanover Park, IL 60103</u>	# WORKERS AFFECTED:	<u>124</u>
COMPANY CONTACT:	<u>Christine A Ruppert</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>800-638-8108</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 8</u>		
TYPE OF COMPANY:	<u>Hotels, Rooming Houses, Camps</u>	COMPANY SIC:	<u>7011</u>

COMPANY NAME:	<u>Abe Lincoln Travel & O'Hare Oasis</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>4100 Denley Road</u>	WARN NOTIFIED DATE:	<u>10-10-2002</u>
		FIRST LAYOFF DATE:	<u>11-15-2002</u>
CITY, STATE, ZIP:	<u>Schiller Park & S Holland, IL</u>	# WORKERS AFFECTED:	<u>79</u>
COMPANY CONTACT:	<u>Juli Chambers</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>216-267-3440</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 7</u>		
TYPE OF COMPANY:	<u>Business Services</u>	COMPANY SIC:	<u>7389</u>

COMPANY NAME:	<u>Galileo International</u>	TYPE OF EVENT:	<u>Layoffs</u>
COMPANY ADDRESS:	<u>9700 West Higgins Road</u>	WARN NOTIFIED DATE:	<u>10-10-2002</u>
		FIRST LAYOFF DATE:	<u>11-30-3002</u>
CITY, STATE, ZIP:	<u>Rosemont, IL 60018</u>	# WORKERS AFFECTED:	<u>60</u>
COMPANY CONTACT:	<u>Caliope Georgiadis</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>973-496-7349</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 7</u>		
TYPE OF COMPANY:	<u>Wholesale Trade - Durable Goods</u>	COMPANY SIC:	<u>5049</u>

COMPANY NAME:	<u></u>	TYPE OF EVENT:	<u></u>
COMPANY ADDRESS:	<u></u>	WARN NOTIFIED DATE:	<u></u>
		FIRST LAYOFF DATE:	<u></u>
CITY, STATE, ZIP:	<u></u>	# WORKERS AFFECTED:	<u></u>
COMPANY CONTACT:	<u></u>	EVENT CAUSES:	<u></u>
TELEPHONE:	<u></u>		
LOCAL WORKFORCE AREA:	<u></u>		
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

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MONTH October YEAR 2002

PRIMARY EVENT COUNTY: DuPage

COMPANY NAME:	<u>Open TV, Inc.</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>1240 East Diehl Road</u>	WARN NOTIFIED DATE:	<u>10-01-2002</u>
		FIRST LAYOFF DATE:	<u>12-1-2002</u>
CITY, STATE, ZIP:	<u>Naperville, IL 60563</u>	# WORKERS AFFECTED:	<u>62</u>
COMPANY CONTACT:	<u>Susan Kizman</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>630-505-1010</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 6</u>		
TYPE OF COMPANY:	<u>Business Services</u>	COMPANY SIC:	<u>7379</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH October YEAR 2002

PRIMARY EVENT COUNTY: LaSalle

COMPANY NAME:	<u>Carriage House Companies Inc.</u>	TYPE OF EVENT:	<u>Mass Layoffs</u>
COMPANY ADDRESS:	<u>118 Iowa Street</u>	WARN NOTIFIED DATE:	<u>10-24-2002</u>
		FIRST LAYOFF DATE:	<u>12-23-02</u>
CITY, STATE, ZIP:	<u>Streator, IL 61364</u>	# WORKERS AFFECTED:	<u>153</u>
COMPANY CONTACT:	<u>Wilson Haller</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>815-672-3127</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 12</u>		
TYPE OF COMPANY:	<u>Holding & Other Investment Offices</u>	COMPANY SIC:	<u>6719</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH October YEAR 2002

PRIMARY EVENT COUNTY: Livingston

COMPANY NAME:	<u>Professional Maintenance of IL</u>	TYPE OF EVENT:	<u>Layoffs</u>
COMPANY ADDRESS:	<u>4H Park Road</u>	WARN NOTIFIED DATE:	<u>10-4-2002</u>
		FIRST LAYOFF DATE:	<u>10-4-2002</u>
CITY, STATE, ZIP:	<u>Pontiac, IL 61764</u>	# WORKERS AFFECTED:	<u>95</u>
COMPANY CONTACT:	<u>Angela K Brock</u>	EVENT CAUSES:	<u>Cost Cutting</u>
TELEPHONE:	<u>309-691-6202</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 11</u>		
TYPE OF COMPANY:	<u>Business Services</u>	COMPANY SIC:	<u>7349</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH October YEAR 2002

PRIMARY EVENT COUNTY: McLean

COMPANY NAME:	<u>CC Services Inc/Country Insurance</u>	TYPE OF EVENT:	<u>Layoffs</u>
COMPANY ADDRESS:	<u>1711 GE Road</u>	WARN NOTIFIED DATE:	<u>10-22-2002</u>
		FIRST LAYOFF DATE:	<u>12-31-2002</u>
CITY, STATE, ZIP:	<u>Bloomington, IL 61702</u>	# WORKERS AFFECTED:	<u>130</u>
COMPANY CONTACT:	<u>Dennis A Feicke</u>	EVENT CAUSES:	<u>Eliminating</u>
TELEPHONE:	<u>309-821-3340</u>		<u>Insurance Line</u>
LOCAL WORKFORCE AREA:	<u>LWIA 16</u>		
TYPE OF COMPANY:	<u>Insurance Carriers</u>	COMPANY SIC:	<u>6331</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
	_____	FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH October YEAR 2002

PRIMARY EVENT COUNTY: St. Clair

COMPANY NAME:	<u>Inter-Rail Transport</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>901 Lane & Church Street</u>	WARN NOTIFIED DATE:	<u>10-11-2002</u>
		FIRST LAYOFF DATE:	<u>11-11-2002</u>
CITY, STATE, ZIP:	<u>Centerville, IL 62207</u>	# WORKERS AFFECTED:	<u>90</u>
COMPANY CONTACT:	<u>Allen Gomon</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>618-332-2210</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 24</u>		
TYPE OF COMPANY:	<u>Transportation Services</u>	COMPANY SIC:	<u>4789</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

Company Name:	The name of the event company submitting the WARN notice.
Company Address:	The event company's street address where layoff or closing is occurring.
City, State, Zip:	The event company's city, state and zip code.
Company Contact:	The name of the individual identified as the principal authority for normal communication and interaction for the event company.
Telephone:	The telephone number of the company contact person.
Sub-State Grantee:	The primary sub-state grantee with geographical responsibility to offer services to the affected workers.
Type of Company:	The Standard Industrial Classification (SIC) depicting the type of business the company is engaged in.
Event County:	The Illinois county in which the dislocation event is located.
Type of Event:	Indicates whether the workers are being dislocated because of a plant closing, substantial layoff (at least 1/3 of workforce affected) or layoff.
Warn Notified Date:	The date the Rapid Response Unit is in receipt of the WARN letter notifying of the impending closing or layoff.
First Layoff Date:	The first date that layoffs are expected to occur.
# Workers Affected:	The originally reported number of workers expected to be laid off.
Event Causes:	Indicates up to three reasons for the plant closing or layoff.