

YEAR OF
File Prior to:

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE NO.

NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6 or 7a; form BCA-14.30 must be completed and submitted in the same envelope.

1.) CORPORATE NAME
REGISTERED AGENT
REGISTERED OFFICE
CITY, IL, ZIP CODE COUNTY

2.) Principal address of corporation: _____
Street City State ZIP Code

3.) Date Incorporated

4.) **The names and addresses of ALL officers & directors MUST be listed here!**

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President					
Secretary					
Treasurer					
Director					
Director					
Director					

5.) If 51% or more of the stock is owned by a minority or female, please check appropriate box. Minority Owned Female Owned
6.) Number of shares authorized and issued (as of _____):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, form BCA 14.30 must be completed.

7a.) The amount of paid-in capital as of _____ is: \$ _____

7b.) The Paid-in Capital on record with the Secretary of State is: \$ _____

(Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts.)

8.) By _____
(Any Authorized Officer's Signature) (Title) (Date)

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

RETURN TO:
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-7808
www.cyberdriveillinois.com

ITEM 8 MUST BE SIGNED!

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT
SECRETARY

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

File No. _____

PRESIDENT	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED— _____

(Item 9, OR 10. (a.) OR 10. (b.) whichever is applicable, **MUST** be completed)

9.) The amounts stated in parts (a) through (d) below are given for the twelve month period ending _____, _____, _____
 (day) (month) (year)

The value of the property (gross assets)

- (a) owned by the corporation, wherever located, was (a) \$ _____
- (b) of the corporation located within the state of Illinois was (b) \$ _____

The gross amount of business transacted by the corporation

- (c) everywhere for the above period was (c) \$ _____
- (d) at or from places of business in Illinois for the above period was (d) \$ _____

ALLOCATION FACTOR = $\frac{b + d}{a + c} = \square$ _____ (6 decimal places) (Write this figure on line 11b below.)

- 10.(a.) ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted at or from places of business in Illinois.
- (b.) The corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital.

ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)

STOP! Item 9 or 10 must be completed before continuing TO Item 11.

11.) ANNUAL FRANCHISE TAX AND FEES

(a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.)	a.			
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	b.			
(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))	c.			
(d1.) Multiply line (c.) by .001 (Round to nearest cent)	d1.			
(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)			d2.	
(e1.) If Annual Report is late, multiply line(d2.) by .10	e1.			
(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)	e2.			
(e3.) INTEREST & PENALTIES (Add lines (e1.) and (e2.))			e3.	
(f.) ANNUAL REPORT FILING FEE (\$75)			f.	+ 75.00
(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.))			g.	

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.
 (Place corporate file number on check.)

IMPORTANT!

If there have been changes in Items 6 or 7, form BCA 14.30 must be executed and submitted with this annual report in the same envelope.