

YEAR OF  
File Prior to:

STATE OF ILLINOIS  
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION  
FILE NO.

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

**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.**