YEAR OF:
File Prior to:

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
File #: _____

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: _____
   Month Day Year

4. Names and Addresses of Officers and Directors:

   NOTE: The names and addresses of ALL officers and directors must be entered in this item.

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

5. If 51% or more of 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: If the amount in item 6 or 7a differs from the Secretary of State's records, form BCA 14.30 must be completed.

7a. Amount of Paid-in Capital (as of _____): $ _____

7b. Paid-in Capital on record with Secretary of State: $ _____

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

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

Item 8 Must Be Signed.

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 • 501 S.Second St. • Springfield, IL 62756
217-782-7808 • www.cyberdriveillinois.com

Please Complete Reverse Side of This Report

PRESIDENT

SECRETARY

IF THE ABOVE OFFICER'S NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITION OR CORRECTIONS BELOW.

_____
File #

PRESIDENT _____
Name Street Address City State ZIP Code

SECRETARY _____
Name Street Address City State ZIP Code

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

9. Amounts stated in parts (a) through (d) below are given for the 12-month period ending _____ , _____.
Day Month Year

Value of property (gross assets):

(a) owned by the corporation, wherever located: ..... (a) $ _____

(b) of the corporation located within the State of Illinois: ..... (b) $ _____

Gross amount of business transacted by the corporation:

(c) everywhere for the above period: ..... (c) $ _____

(d) at or from places of business in Illinois for the above period: ..... (d) $ _____

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

10a. ☐ 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.

10b. ☐ The Corporation **elects** to pay franchise tax on the basis of 100% of its total Paid-in Capital.

ALLOCATION FACTOR = 1.00000 *(Enter 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

11a.	TOTAL PAID-IN CAPITAL (Enter amount from Item 7a; if late, enter the greater of 7a or 7b.)	a.		
11b.	ALLOCATION FACTOR (Enter from Item 9 or Item 10.)	b.		
11c.	ILLINOIS CAPITAL (Multiply line 11a by line 11b.)	c.		
11d1.	Multiply line 11c by .001 (Round to nearest cent.)	d1		
11d2.	ANNUAL FRANCHISE TAX (Enter amount from line d1, but not less than $25)		d2.	
11e1.	If Annual Report is late, multiply line d2 by .10	e1.		
11e2.	If Annual Franchise Tax is late, multiply line d2 by .02 for each month late or part thereof (minimum $1)	e2.		
11e3.	INTEREST & PENALTIES (Add lines e1 and e2.)		e3.	
11f.	ANNUAL REPORT FILING FEE ($75)		11f.	**$75.00**
11g.	TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE (Add line d2 + line e3 + line f.) 11g.			

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.

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