FORM **BCA 14.05** (rev. Oct. 2014)
DOMESTIC CORPORATION
ANNUAL REPORT
Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-7808
www.cyberdriveillinois.com

Payment must be made by check or money
order payable to Secretary of State.

File Prior To: _____ Year: _____ File #: _____ Approved: _____

Note: A change in the Registered Agent and/or Registered Office may <u>only</u> be affected by filing Form BCA-5.10/5.20.

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 or on an additional sheet.

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 the 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.)

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.

Item 8 Must Be Signed.

⇨

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

Please Complete Reverse Side of This Report

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 = $\dfrac{b + d}{a + c}$ = ___■_____ 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 busi-
    ness 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 <u>same envelope</u>.