

FORM **BCA 14.05** (rev. Oct. 2019)
FOREIGN 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 only be affected by filing form BCA-5.10/5.20.

1. Corporate Name: _____
 Registered Agent: _____
 Registered Office: _____
 City, IL, ZIP: _____ County: _____
- 1a. Is this corporation a publicly held corporation with outstanding shares listed on a major U.S. stock exchange and has its principal executive office located in Illinois, as defined by Section 8.12? YES NO **If yes, complete form BCA 8.12.**
2. Principal address of corporation: _____
 Street City State ZIP
- 3a. State or country of incorporation: _____
- 3b. Date qualified to do business in Illinois: _____
 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 percent 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 = $\frac{b+d}{a+c}$ = $\frac{\blacksquare}{\blacksquare}$ 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 percent of its total Paid-in Capital.

IF SELECTING 10a or 10b, PLACE THE ALLOCATION FACTOR 1.000000 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. Not less than \$25.00) | d1 | | |
| 11d2. ANNUAL FRANCHISE TAX (Enter amount from line d1, *SEE NOTE BELOW.)..... | | 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.) TOTAL MINIMUM DUE IS \$75..... | | 11g. | |

*Note regarding annual franchise tax: Please see filing periods set forth below regarding the exemption amount of each year.

Franchise Tax Liability Exemption Amounts

| <u>FILING PERIOD</u> | <u>EXEMPTION AMOUNT</u> | <u>TAX AMOUNT TO BE PLACED IN LINE D2 ABOVE</u> |
|----------------------|-------------------------|--|
| 1/1/20-12/31/20 | Exemption \$30.00 | (Tax amount in d1-\$30=d2. If negative number, please place 0 in d2.) |
| 1/1/21-12/31/21 | Exemption \$1,000.00 | (Tax amount in d1-\$1,000=d2. If negative number, please place 0 in d2.) |
| 1/1/22-12/31/22 | Exemption \$10,000.00 | (Tax amount in d1-\$10,000=d2. If negative number, please place 0 in d2.) |
| 1/1/23-12/31/23 | Exemption \$100,000.00 | (Tax amount in d1-\$100,000=d2. If negative number, please place 0 in d2.) |
| 1/1/24 and after | No Franchise Tax Due | |

**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.