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2000-08-23 16:56:32  
Cook County Recorder 27.50

File Number 2805-885-3



00648022

COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
MAYWOOD OFFICE

State of Illinois  
Office of  
The Secretary of State

Whereas,

THE REINSTATEMENT OF  
LITHOCOLOR PRESS, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAS BEEN FILED  
IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS  
CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 23RD day of AUGUST A.D. 2000 and of the Independence of the United States the two hundred and 25TH .



Jesse White

Secretary of State

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00648022 #2024

Form **BCA-12.45/**  
**13.60**

APPLICATION FOR REINSTATEMENT  
of  
DOMESTIC OR FOREIGN CORPORATIONS

File # 2805-885-3

(Rev. Jan. 1999)

Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
http://www.sos.state.il.us

This space for use by Secretary of State

**FILED**

**SUBMIT IN DUPLICATE!**

AUG 23 2000

JESSE WHITE  
SECRETARY OF STATE

This space for use by  
Secretary of State

Date 8-23-00  
Filing Fee \$ 100.00

Approved: [Signature]

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:

Lithocolor Press, Inc.

(b) Corporate name as changed:

(Note 1)

(c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name:

(Note 2)

2. State of incorporation: Illinois

3. Date that the certificate of dissolution or revocation was issued: July 1, 2000

4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form.

Registered Agent

Paul  
First Name

C  
Middle Name

Benson  
Last Name

Registered Office

9825 West Roosevelt Road  
Number Street Suite # (A P.O. Box alone is not acceptable)

Westchester  
City

60154  
ZIP Code

Cook  
County



5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required.

6. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated August 8, 2000  
(Month & Day) (Year)

Lithocolor Press, Inc.  
(Exact Name of Corporation)

attested by [Signature]  
(Signature of Secretary or Assistant Secretary)

by [Signature]  
(Signature of President or Vice President)

Jane Garrett, Ass. Secretary  
(Type or Print Name and Title)

John Matheson, President  
(Type or Print Name and Title)

1.) **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: the enclosed BCA-14.30 must be completed and submitted in the same envelope.

**FILED**

AUG 23 2000

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

LITHOCOLOR PRESS, INC.  
% PAUL C BENSON  
9825 W ROOSEVELT RD.  
WESTCHESTER, IL. 60154-2747

JESSE WHITE  
SECRETARY OF STATE

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3.) Date Incorporated 02/28/1945

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	John Matheson	1475 Crestwood Court	Aurora	IL	60506
Secretary	April Carlson	28 W. 260 Indian Knoll	West Chicago	IL	60185
Treasurer	Jan Dennis	19250 Glen Hollow Circle Monument		CO	80132
Director	Paul Benson	202 Country Club Drive	Prospect Heights	IL	60070
Director	Lane Dennis	419 Ellis Street	Wheaton	IL	60187
Director	David Rosenberger	120 W. Park Dr.	Midland	MT	48640

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 11/30/99):

CLASS	SERIES	PAR VALUE	NUMBERED AUTHORIZED	NUMBER ISSUED
COMM		10.00000	5000	4130.000

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

7a.) The amount of paid-in capital as of 11/30/99 is: \$ 41,300

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 41,300

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

8.) By John D Matheson PRESIDENT 8/8/2000  
(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

**ITEM 8 MUST BE SIGNED!**

**(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)**

PRESIDENT JOHN D MATHESON 9825 W ROOSEVELT RD WESTCHESTER 60154

SECRETARY ~~PETER J CROTSER~~ SAME

D 2805-885-3  
File No.

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

PRESIDENT	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	April Carlson	9825 W Roosevelt Rd	Westchester	IL	60154

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED 3620224800

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

9.) The amounts stated in parts (a) through (e) below are given for the twelve month period ending \_\_\_\_\_, 19\_\_\_\_\_.

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) \$ \_\_\_\_\_

Give the location of the principal places of business of the corporation in each state where authorized to transact business and the gross amount of business transacted in each state for the above period. (If necessary attach a second sheet.)

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

- 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.	41,300		
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	b.	x 1.000		
(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))	c.	41,300		
(d1.) Multiply line (c.) by .001 (Round to nearest cent)	d1.	41.30		
(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)	d2.		41.30	
(e1.) If Annual Report is late, multiply line (d2.) by .10	e1.	4.13		
(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)	e2.	2.89		
(e3.) INTEREST & PENALTIES (Add line (e1.) and (e2.))	e3.		7.02	
(f.) ANNUAL REPORT FILING FEE (\$25)	f.		+25.00	
(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.))	g.		73.32	

**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, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.**