

Form **BCA-13.15**
(Rev. Jan. 1999)

APPLICATION FOR CERTIFICATE
OF AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS



Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1834
http://www.sos.state.il.us

This space for use by Secretary of State

FILED
OCT 26 2001
JESSE WHITE
SECRETARY OF STATE

This space for use by
Secretary of State

Date 10/26/01
License Fee \$
Franchise Tax \$ 25.00
Filing Fee \$ 75.00
Penalties \$
Approved: MR 101.00

Payment must be made by
certified check, cashier's check,
Illinois attorney's check, Illinois
C.P.A.'s check or money order,
payable to "Secretary of State."

1. (a) CORPORATE NAME: Tower Services, Inc.

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: Tower Services of Tennessee
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

2. (a) State or Country of Incorporation: Tennessee

(b) Date of Incorporation: 07/11/1996

(c) Period of Duration: Perpetual

3. (a) Address of the principal office, wherever located: 1012 Hickory Avenue Hixson, TN 37343
(b) Address of principal office in Illinois: None
(If none, so state)

4. Name and address of the registered agent and registered office in Illinois.
Registered Agent C T CORPORATION SYSTEM

First Name	Middle Name	Last Name

Number	Street	Suite #
<u>Chicago</u>	<u>60604</u>	<u>Cook</u>
City	ZIP Code	County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation) TP

6. Names and residential addresses of officers and directors:

Name	No. & Street	City	State	ZIP
President				
Secretary				
Director				
Director				
Director				

SEE ATTACHMENT

BOX 170

UNOFFICIAL COPY

11 11 19
11 11 19
11 11 19

Property of Cook County Clerk's Office

UNOFFICIAL COPY

11127328

11127328

7. Purpose or purposes proposed to be pursued in transacting business in this state:
(If not sufficient space to cover this point, add one or more sheets of this size.)

See attached

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common		\$10.00	1,000	100

9. Paid-in Capital: \$ 100,000.00

("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property* of the corporation for the following year: \$ 650,000.00
- (b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: \$ 0.00
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 3,000,000
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 400,000

11. Interrogatories: (Important - this section must be completed)

- ** (a) Office or offices to which all contracts with the corporation are forwarded for final acceptance: SEE ATTACHMENT
- (b) Number of shares of all classes owned by residents of Illinois: 0
- (c) Number of shares of all classes owned by non-residents of Illinois: 10
- (d) Is the corporation transacting business in this state at this time? No
- (e) If the answer to item 11(d) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. 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 10-17 01 Tower Services, Inc.
(Month & Day) (Year) (Exact Name of Corporation)

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

Kelly Klimecki VP+Sec. by Kelly Klimecki VP
(Type or Print Name and Title) (Type or Print Name and Title)

* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

** When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).

BOX 170

UNOFFICIAL COPY

PROPERTY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

11127328

Attachment to Application for Certificate of Authority

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the General Corporation Law of the state of Tennessee, and as permitted under the Illinois Business Corporation Act.

Property of Cook County Clerk's Office

BOX 170

UNOFFICIAL COPY

11127328

Attachment to Kentucky
Application for Certificate of Authority
Officers & Directors

1.	Full Name:	Kerry Klimecki
	Officer/Director:	Officer
	Officer's Title:	President / Director
	Business Address:	1012 Hickory Avenue
	City:	Hixson
	State:	TN
	ZIP Code:	37343

2.	Full Name:	Kelly Klimecki
	Officer/Director:	Officer
	Officer's Title:	VP, Secretary / Director
	Business Address:	1012 Hickory Avenue
	City:	Hixson
	State:	TN
	ZIP Code:	37343

Property of Cook County Clerk's Office

BOX 170

UNOFFICIAL COPY

Property of Cook County Clerk's Office