

File # D5571-631-5



Form **BCA-5.10**  
**NFP-105.10**  
(Rev. Jan. 1999)

Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-3447  
http://www.sos.state.il.us

SUBMIT IN DUPLICATE

This space for use by  
Secretary of State

Date **FEB 17 2000**

Filing Fee \$ 5

Approved *JM*

Remit payment in check or money order,  
payable to "Secretary of State."

**FILED**

FEB 17 2000

JESSE WHITE  
SECRETARY OF STATE

**STATEMENT OF  
CHANGE  
OF REGISTERED AGENT  
AND/OR REGISTERED  
OFFICE**

Type or print in black ink only.  
See reverse side for signature(s).

- CORPORATE NAME: Terry Brown Development, Inc.
- STATE OR COUNTRY OF INCORPORATION: Illinois
- Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change):
 

Registered Agent	<u>Michael</u>	<u>John</u>	<u>O'Rourke</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Registered Office	<u>161 N Clark Street, Suite 2230</u>		
	<small>Number</small>	<small>Street</small>	<small>Suite No. (A P.O. Box alone is not acceptable)</small>
	<u>Chicago, Illinois</u>	<u>60601</u>	<u>Cook</u>
	<small>City</small>	<small>ZIP Code</small>	<small>County</small>
- Name and address of the registered agent and registered office shall be (after all changes herein reported):
 

Registered Agent	<u>Thomas</u>	<u>G.</u>	<u>Griffin</u>	<input checked="" type="checkbox"/>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>	
Registered Office	<u>10 South LaSalle Street, Suite 3600</u>			<input checked="" type="checkbox"/>
	<small>Number</small>	<small>Street</small>	<small>Suite No. (A P.O. Box alone is not acceptable)</small>	
	<u>Chicago, Illinois</u>	<u>60603</u>	<u>Cook</u>	<input checked="" type="checkbox"/>
	<small>City</small>	<small>ZIP Code</small>	<small>County</small>	

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- 5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
- 6. The above change was authorized by: ("X" one box only)
  - a.  By resolution duly adopted by the board of directors. (Note 5)
  - b.  By action of the registered agent. (Note 6)

**NOTE:** When the registered agent changes, the signatures of both president and secretary are required.

7. (If authorized by the board of directors, sign here. See Note 5)

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.

Dated December 15, 1999 Terry Brown Development, Inc.  
 (Month & Day) (Year) (Exact Name of Corporation)

attested by Terry N. Brown, Secretary by Terry N. Brown, President  
 (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)  
 (Type or Print Name and Title) (Type or Print Name and Title)

(If change of registered office by registered agent, sign here. See Note 6)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

Dated \_\_\_\_\_  
 (Month & Day) (Year) (Signature of Registered Agent of Record)

**NOTES**

- 1. The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
- 2. The registered office must include a street or road address; a post office box number alone is not acceptable.
- 3. A corporation cannot act as its own registered agent.
- 4. If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
- 5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must then be signed by the president (or vice-president) and by the secretary (or an assistant secretary).
- 6. The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

Page 3 of 4  
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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.

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

**TERRY BROWN DEVELOPMENT INC.**

~~2 MICHAEL JOHN O'BURKE~~

111596

~~161 N CLARK ST STE 2230~~

~~CHICAGO, IL 60601~~

See enclosed Form BCA-5.10

COOK

c/o Thomas G. Griffin

COUNTY

10 South LaSalle Street, Suite 3600

Chicago, Illinois 60603

3.) Date Incorporated **10/30/1989**

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Terry N. Brown	1410 N. Meacham Road	Schaumburg,	Illinois	60173
Secretary	Terry N. Brown	1410 N. Meacham Road	Schaumburg,	Illinois	60173
Treasurer					
Director					
Director					
Director					

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 **07/31/99**)

CLASS	SERIES	PAR VALUE	NUMBERED AUTHORIZED	NUMBER ISSUED
COMM			1000	100.000

**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 **07/31/99** is: \$ **1000**

7b.) The Paid-in Capital on record with the Secretary of State is: \$ **1,000**

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

8.) By  President, December 15, 1999  
(ANY AUTHORIZED OFFICER'S SIGNATURE) (Title) (Date)

RETURN TO:  
Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-7808

**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.

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

PRESIDENT **TERRY BROWN 1430 N MEACHAM RD SCHAUMBURG 60173**

SECRETARY **TERRY BROWN 1430 N MEACHAM RD SCHAUMBURG 60173**

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

**D 5571-631-5**  
File No.

PRESIDENT	Terry N. Brown	1410 N. Meacham Road	Schaumburg,	Illinois	60173
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	Terry N. Brown	1410 N. Meacham Road	Schaumburg,	Illinois	60173
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED = 36-3693344

(Item 9, OR 10.(a.) OR 10.(b.) which ever is applicable. ML S. Co. (inc. in Ill.)

UNOFFICIAL COPY

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 =  $\frac{b + d}{a + c}$  = \_\_\_\_\_ (6 decimal places)

(Write this figure on line 11b below.)

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

a.	\$1000	
b.	x 1.00000	
c.	\$1000	
d1.	\$1	
d2.		\$25
e1.	\$2.5	
e2.	\$1.25	
e3.		\$3.75
f.		+25.00
g.		\$53.75

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.