

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

NOV 14 2001

JESSE WHITE
SECRETARY OF STATE

This space for use by
Secretary of State

Date 11-14-01
License Fee \$
Franchise Tax \$ 27.80
Filing Fee \$ 75.00
Penalties \$
Approved: \$102.80

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

1. (a) CORPORATE NAME: Konematic Inc.
(Complete item 1.(a) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME:
(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: Delaware
(b) Date of Incorporation: June 15, 2001
(c) Period of Duration: Perpetual

3. (a) Address of the principal office, wherever located: One KONE Court
Moline IL 61265
(b) Address of principal office in Illinois:
(If none, so state) One KONE Court
Moline IL 61265

4. Name and address of the registered agent and registered office in Illinois.
Registered Agent CT Corporation System
First Name Middle Name Last Name
Registered Office 208 South La Salle Street
Number Street Suite #
Chicago IL 60604 Cook
City ZIP Code County

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

6. Names and residential addresses of officers and directors:

Name	No. & Street	City	State	ZIP
President <u>Trevor P. Nink</u>	<u>4910-35th Av.</u>	<u>Moline</u>	<u>IL</u>	<u>61265</u>
Secretary <u>Kurt E. Stepaniak</u>	<u>4977 Black Hawk Trail Ct,</u>	<u>Bethendorf,</u>	<u>IA</u>	<u>52722</u>
Director <u>Klaus Laven</u>	<u>HiralanKaari 9A</u>	<u>Espoo,</u>	<u>Finland</u>	<u>FIN02160</u>
Director				
Director				

If more than 3, attach list

ps 10-11
3/10/11

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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.)

Servicing manual and automated doors

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common		nil	1000	1000

9. Paid-in Capital: \$ 1,000 ("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: \$ 700,000
- (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: \$ 10,000
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 1,000,000
- (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: \$ 50,000

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

- ** (a) Office or offices to which all contracts with the corporation are forwarded for final acceptance: ONE KONE COURT Moline IL 61265
- (b) Number of shares of all classes owned by residents of Illinois: none
- (c) Number of shares of all classes owned by non-residents of Illinois: 1,000
- (d) Is the corporation transacting business in this state at this time? Business is in process of starting
- (e) If the answer to item 11(d) is yes, state the exact date on which it commenced to transact business in Illinois: start up began 8-6-01

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 09-06-01 (Month & Day) (Year)

attested by Kurt Stepaniak Secretary (Signature of Secretary or Assistant Secretary) (Type or Print Name and Title)

Trevor P. Nink President (Exact Name of Corporation) (Signature of President or Vice President) (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).

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