

UNOFFICIAL COPY

0020551513

782/0151 21 001 Page 1 of 2
2002-05-14 15:40:57
Recorder 23.00

YEAR OF 2001
File Prior to: 12/01/01

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK



-3

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

Harmon Development Group, Inc.
c/o Helen Levin Toal
330 N. Wabash Avenue
Suite 3300
Chicago, Illinois 60611

Change

NEW REGISTERED AGENT:
Helen Levin Toal
330 N. Wabash Avenue, Suite 3300
Chicago, IL 60611 (Cook County)

FILED

FEB 13 2002

COUNTY Cook

3.) Date Incorporated 12/22/00

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

JESSE WHITE
SECRETARY OF STATE

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Guy G. Gardner	1006 S. Michigan, 2nd Floor	Chicago	IL	60605
Secretary	Guy G. Gardner	1006 S. Michigan, 2nd Floor	Chicago	IL	60605
Treasurer	Guy G. Gardner	1006 S. Michigan, 2nd Floor	Chicago	IL	60605
Director	Guy G. Gardner	1006 S. Michigan, 2nd Floor	Chicago	IL	60605
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): _____

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON	NONE	NO PAR VALUE	1,000	1,000

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 is: \$ 1,000

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

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

8.) By Guy G. Gardner President 2/6/02
(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
http://www.sos.state.il.us

ITEM 8 MUST BE SIGNED!

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT

SECRETARY

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

6140-609-3
File No.

PRESIDENT	Guy G. Gardner	1006 S. Michigan, 2nd Floor	Chicago	IL	60605
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	Guy G. Gardner	1006 S. Michigan, 2nd Floor	Chicago	IL	60605
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED



Box 314

578335/005 (Swy)

(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 _____

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 = $\frac{b + d}{a + c} = \frac{\quad}{\quad}$ (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.).....	a.	1,000.00		
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above).....	b.	x 1.00000		
(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.)).....	c.	1,000.00		
(d1.) Multiply line (c.) by .001 (Round to nearest cent)	d1.	1.00		
(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25).....	d2.		25.00	
(e1.) If Annual Report is late, multiply line(d2.) by .10	e1.	2.50		
(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)	e2.	1.00		
(e3.) INTEREST & PENALTIES (Add lines (e1.) and (e2.)).....	e3.		3.50	
(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.		53.50	

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.