UNOFFICIAL C 2002-08-19 09:30:55

Cook County Recorder

COOK COUNTY RECORDER **EUGENE "GENE" MOORE**

YEAR BRIDGEYIEW OFFICE. FILE PRIOR TO: 06/01/02

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO.

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

n 5429-408-5

1.) NOTE: A Change in the registered agent and/or registered office may only be effected by filling 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 AGEN	T. REGISTERED OFFICE, C	ITY, IL, ZIP CODE Address cha	417 <i>9</i> •
EAB.		FILE DLAND Par	heat Egnet Dr
C K ENTERPRISES INC. % GERALD W GRUSSKUP;	05:	COUR	-K, IL. 60467
ORLAND PARK, IL. 604 10440 Great Exact	Dr. D	JUN 0 5 2002 COUNTY	
3.) Date Incorporated 06/25/19864.) The names and residential addresses of	60467 5	ECRETARY OF STATE	710
OFFICE NAME President Knister GrossKapt	NUMBER & STREET	t Fixet Dr. OHard	STATE ZIP OK, IL 60467
Secretary Treasurer Director			
Director 5.) If 51% or more of the stock is owned by a	minority or female, please ch	eck appropriat box.	Owned
Number of shares authorized and issued (93/31/02 PAR VALUE): NUMBERED AU HORIZED	NUMBER ISSUED
CLASS SERIES COMMON	FAR VALUE	1029	1000.000
IMPORTANT! Whenever the amount in item 7a.) The amount of paid-in capital as of	n 6 or 7a differs from the Sec 0 3/31/0 2is: \$		
7b.) The Paid-in Capital on record with the Se		1 000	(Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts.)
8.) By Devall Drowlings	authorized	2015-2-02 (Date)	
(ANY AUTHORIZED OFFICER'S SIG	SNA I URE)	Under the	penalty of perjury and as ar

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)

UNOFFICIAL COPY

(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) cwned by the corporation, wherever located, was The gross amount of business transacted by the corporation (c) everywhere by the above period was Give the location of the concipal 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.) (Write this figure on **ALLOCATION FACTOR** line 11b below.) 10.) (a.) \square 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 or, the basis of 100% of its total paid-in capital. ALLOCATION FACTOR = 1.00000 (Write this figure c.) 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) (e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for e2. (e3.) INTEREST & PENALTIES (Add line (e1.) and (e2.) е3. (f.) ANNUAL REPORT FILING FEE (\$25) +25.00 (g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.)

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE. (PLACE CORPORATE FILE NUMBER ON CHECK.)