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Cook County Recorder 28.50



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Property of Cook County Clerk's Office

ANNUAL REPORT  
KENMORE DEVELOPMENT, LTD.

This instrument prepared by and return to:

Douglas G. Shreffler  
4653 North Milwaukee Avenue  
Chicago, Illinois 60630

YEAR OF 2001  
FILE PRIOR TO: 12/01/01

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

CORPORATION  
FILE NO.  
D 5969-173-2

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.

**FILED**  
JAN 17 2002

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

ARAC

KENMORE DEVELOPMENT, LTD.  
% DOUGLAS G SHREFFLER 120497  
4615 N. MILWAUKEE 4653 N. MILWAUKEE  
CHICAGO, IL. ~~XXXXX~~ 60630

**JESSE WHITE**  
**SECRETARY OF STATE**  
COOK  
COUNTY

3.) Date Incorporated 12/04/1997

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	AVRAM BOOGJEL	5105 W. FARGO	CHICAGO	IL	60677
Secretary	DOUGLAS G. SHREFFLER	4653 N. MILWAUKEE	CHICAGO	IL	60630
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 09/30/01):

CLASS	SERIES	PAR VALUE	NUMBERED AUTHORIZED	NUMBER ISSUED
COMMON	NONE	NPV	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 09/30/01 is: \$ 1,000.00

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  Secretary 12/8/01  
(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)**

(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 \_\_\_\_\_, 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.	1,000.00		
b.	X 1.00000		
c.	1.00		
d1.			
d2.			25.00
e1.	2.50		
e2.	1.00		
e3.			3.50
f.			<b>+25.00</b>
g.			53.50

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