

YEAR OF  
File Prior to:

# UNOFFICIAL COPY

STATE OF ILLINOIS  
DOMESTIC CORPORATION ANNUAL REPORT

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK



16029

00252423

RECEIVED

MAR 27 2000

JESSE WHITE  
SECRETARY OF STATE  
COUNTY Cook

1.) **CHANGES ONLY:** REGISTERED AGENT Matthew Wood  
REGISTERED OFFICE One East Wacker Dr., Ste 1300  
CITY, IL ZIP CODE Chicago, IL 60601

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

Colon, Inc.,  
Matthew Wood  
One East Wacker Drive, Suite 1300  
Chicago, IL 60601

3 Date Incorporated 3/31/83

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Jerold R. Zich	11419 Smith Road	Huntley	IL	60142
Secretary	Kent G. West	11419 Smith Road	Huntley	IL	60142
Treasurer					
Director	Jerold R. Zich	11419 Smith Road	Huntley	IL	60142
Director	Jerold R. Zich	11419 Smith Road	Huntley	IL	60142
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 \_\_\_\_\_): (Please make appropriate revisions below.)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Common	None	0.10	1,000	1,000

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2626/0062 08 001 Page 1 of 2

2000-04-11 12:46:41

Cook County Recorder 23.50

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 and submitted with this annual report in the same envelope.

7a.) The amount of paid-in capital\* as of \_\_\_\_\_ is: \$ 40,000.00

7b.) The Paid-in Capital\* on record with the Secretary of State is: \$ 40,000.00

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

8.) By [Signature] Secretary 2/21/00  
(Any Authorized Officer's Signature) (Title) (Date)

RETURN TO:

Department of Business Services  
Secretary of State  
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 and, if applicable, the statement of change of registered agent and/or office, 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 Jerold R. Zich 11419 Smith Road, Huntley, IL 60142  
SECRETARY Kent G. West 11419 Smith Road, Huntley, IL 60142

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

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File No.

PRESIDENT	Jerold R. Zich	11419 Smith Road	Huntley	IL	60142	
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	
SECRETARY	Kent G. West	11419 Smith Road	Huntley	IL	60142	
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED—

(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.)

(Write this figure on line 11b below.)

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

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.	40,000.00		
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) .....	b.	1.00000		
(c.) ILLINOIS CAPITAL (Multiply line (a.) by Line (b.) .....	c.	40,000.00		
(d1.) Multiply line (c.) by .001 (Round to nearest cent) .....	d1.	40.00		
(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25) .....	d2.		40.00	
(e1.) If Annual Report is late, multiply line(d2.) by .10 .....	e1.			
(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00) .....	e2.			
(e3.) INTEREST & PENALTIES (Add line (e1.) and line (e2.) .....	e3.		- 0 -	
(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.			65.00

**MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.**

### IMPORTANT!

**If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.**