**UNOFFICIAL COF** 

Form BCA-12.45/

13.60

**APPLICATION FOR REINSTATEMENT** of **DOMESTIC OR FOREIGN CORPORATIONS**  Eugene "Gene" Moore Fee: \$52.00

Cook County Recorder of Deeds Date: 10/06/2003 11:50 AM Pg: 1 of 15

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 http://www.sos.state.il.us

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

This space for use by Segretary of State

JUN 25 2003

JESSE WHITE SECRETARY OF STATE File# 5496.832-9

#### SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date (4-245€3

Filing Fee

\$ 100.00

Approved:

4	(=)	0				
1.	(a)	Corporate name as of the DATATEC INDUSTRIE		of the certificate of dis	solution or revoc	cation:
		DATE OF THE OF T	.b, n.c.			
		1			· · · · · · · · · · · · · · · · · · ·	
	(b)	Corporate name as change	<b>76</b> 5:		······································	
				. *****		(Note 1
	(c)	If a foreign corporation have	ving a certificate of a	authority under an ass	umed corporate	name restriction, the
		assumed corporate name	:			
						(Note 2
2.	State	te of incorporation: NJ		0,		
				7/1/05		
3.	Date	e that the certificate of diss	olution or revocatio	n was issued: <u>//1/98</u>		
٠.	Name and address of the Illinoi 3) NOTICE! Completion of iten back of this form. Registered Agent		#4 door not const	lituto a rogistoro " a re	ent or office chan	100 Coo note #2
	-3) N	k of this form.	PRENTICE HA First Name	LL CORPORATION Middle Nam	14,	Last Name
<b>.</b> .	-3) N	k of this form.	PRENTICE HA	LL CORPORATION  Middle Nam  SALLE ST.	e S	Last Name
<b>,</b>	-3) N	k of this form. Registered Agent	PRENTICE HA  First Name  33 NORTH LA	LL CORPORATION  Middle Nam  SALLE ST.  Street Suite	e S	Last Name ne is not acceptable
	-3) N	k of this form. Registered Agent	PRENTICE HA  First Name  33 NORTH LA	LL CORPORATION  Middle Nam  SALLE ST.	e S	Last Name one is not acceptable
	3) N back	k of this form. Registered Agent	PRENTICE HA  First Name  33 NORTH LA  Number  CHICAGO  City  d by all delinquent in	LL CORPORATION  Middle Nam  SALLE ST.  Street Suite  60602  ZIP Code	# (A P.O. Boy. a).	Last Name one is not acceptable COOK County
•	This licen	k of this form.  Registered Agent  Registered Office  application is accompanied	PRENTICE HA  First Name  33 NORTH LA  Number  CHICAGO  City  d by all delinquent red.  caused this statement	LL CORPORATION  Middle Name  SALLE ST.  Street Suite  60602  ZIP Code  report forms together  ent to be signed by its of	# (A P.O. Boy a)	Last Name  In acceptable  COCK  County  es, franchise taxes,
•	This licen	Registered Agent Registered Agent Registered Office application is accompaniense fee and penalties requirements, under penalties of perjur	PRENTICE HA  First Name  33 NORTH LA  Number  CHICAGO  City  d by all delinquent red.  caused this statement	LL CORPORATION  Middle Name  SALLE ST.  Street Suite  60602  ZIP Code  report forms together  ent to be signed by its of	# (A P.O. Box a) with the filing fee	Last Name  In acceptable  COCK  County  es, franchise taxes,
•	This licen The u	Registered Agent Registered Agent Registered Office application is accompaniense fee and penalties requirements, under penalties of perjur	PRENTICE HA  First Name  33 NORTH LA  Number  CHICAGO  City  d by all delinquent red.  caused this statemer, that the facts state	LL CORPORATION  Middle Name  SALLE ST.  Street Suite  60602  ZIP Code  report forms together  ent to be signed by its code derein are true. (All DATATEC INDU	# (A P.O. Box a) with the filing fee	Last Name  No is not acceptable  COCK  County  es, franchise taxes, ficers, each of whom be in BLACK INK.)
•	This licen The u	Registered Agent Registered Agent Registered Office	PRENTICE HA  First Name  33 NORTH LA  Number  CHICAGO  City  d by all delinquent red.  caused this statemer, that the facts state  y, that the facts state  (Year)	LL CORPORATION  Middle Name  SALLE ST.  Street Suite  60602  ZIP Code  report forms together  ent to be signed by its deed herein are true. (All DATATEC INDUCTEX (Exact by Mark)	# (A P.O. Boy a) with the filing feel luly authorized off signatures must JSTRIES, INC.	Last Name  No is not acceptable  COCK  County  es, franchise taxes, ficers, each of whom be in BLACK INK.)
•	This licen The u	Registered Agent Registered Agent Registered Office Registered Agent	PRENTICE HA  First Name  33 NORTH LA  Number  CHICAGO  City  d by all delinquent red.  caused this statemer, that the facts statement, the facts statement of the company o	LL CORPORATION  Middle Name  SALLE ST.  Street Suite  60602  ZIP Code  report forms together  ent to be signed by its code to the signed by its code	# (A P.O. Boy a) with the filing feel luly authorized off signatures must JSTRIES, INC.	Last Name  In acceptable  COCK  County  es, franchise taxes, ficers, each of whom be in BLACK INK.)
<b>1</b> .	This licen The u	Registered Agent Registered Agent Registered Office	PRENTICE HA  First Name  33 NORTH LA  Number  CHICAGO  City  d by all delinquent red.  caused this statemery, that the facts state  y, that the facts state  or Assistant Secretary  NA, ASST. SEC.	SALLE ST.  Street Suite  60602  ZIP Code  report forms together  ent to be signed by its celed herein are true. (All  DATATEC INDU  (Exact  y)  MARK HIRSCHI	with the filing feed luly authorized off signatures must JSTRIES, INC.  Name of Corporal President or Vice	Last Name  President)  Last Name  Last Name

# **UNOFFICIAL COPY**

Form BCA-14.30

(Rev. Jan. 1999)
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-6961

### CUMULATIVE REPORT OF CHANGES IN ISSUED SHARES AND IN PAID-IN CAPITAL

File # 5	496.0	71-7
Date		
License Fee	\$	
Franchise Fee	\$	
Filing Fee	\$	
Penalty	\$	
Interest	\$	
Ammunicado		

Springfield, IL 62756 Telephone (217) 782-6961 http://www.sos.state.il.us	(PLEASE TYPE OR PRINT LEGIB		Interest \$ Approved:	
1. CORPORATE NAME: DAT	CATEC INDUSTRIES, INC.			
STATE OR COUNTRY OF IT     Authorized and issued share     Class Serie     COMMON	s as last reported:* es Par Value I	Number Authoriz 5,850,000 ISSU		nber Issued
4. Paid-in Capital as last report. *In any document other t/1	ed:* \$ _ <i>289, 170</i> en an annual report			
<ul> <li>List the total issuances and exchanges of expenses paid or incurred in connection was List the total amount added or transferred.</li> <li>List the total of all cancellations of shares List the total amount subtracted from paid.</li> </ul>	FICD TRANSACTIONS: (NOTE 1)  f shares by class not previously reported to the Secre with such issurinces, and added or transferred to paid to paid-in capital without the issuance of shares. (Co by class not previously uported to the Secretary of in capital without a can tell in of shares, but as pern	etary of State and give the d-in capital for or on accontributions) State and the cost to paintted by Section 9.20 of	ne value of the entire cor ount of such shares. id-in capital for acquiring the Illinois Business Corp	such shares. poration Act. (Reductions)
Class of Shares	Series Par Value	Number of Shares		ideration ved/Cost
Issuance or Contributions	OUN	×	\$ 4,87 \$ \$ \$	4,962
Cancellations or Reductions (State reason for reduction if no shares were cancelled, see Note 6.)	Cur	nulative Charys on line (6a) belo (NOTE 2)	\$ ( \$ ( \$ ( \$ 48 7	) ) ) 14,962
6. FRANCHISE TAX AND FEE				
(b.) APPLICABLE ALLOCAT	FION FACTOR (NOTE 3)PITAL (Multiply line (a) by line (b)	b. , c	74962. 24708 450.56	
(e.) ADDITIONAL FRANCHI (f.) If Cumulative Report is I	(Round to nearest cent)		<u>е.</u>	18.07
for each month late or pa	ax is late, mutiply line (e) by .01 art thereof (Interest)		h.	10.84
(i.) TOTAL AMOUNT DUE	(Add line (e) + line (f) + line (g) + line	(h))	<u>i.</u>	214.59

(COMPLETE BOTH SIDES OF REPORT) 8 & 9 MUST BE COMPLETED

0327729297 Page: 3 of 15

# **UNOFFICIAL COPY**

SECH	RETARY OF	STATE; (note	4)		EPORTING PERIOD(S)	AND NOT REPORTED	TO THE
(The Se	cretary of State	will compute fees, tax Class of Shares	es, and penaltie Series	es resulting from the for Par Value	ollowing transactions.)  Number of Shares	Consideration Received/Cost	
Issuance o Contributio				FI	LED	\$ \$ \$	
Cancellatio				JUN	2 5 2003	\$	
or Reduction (state reason no shares were see Note 6.)	for reduction if			JESS SECRETA	SE WHITE ARY OF STATE	\$ ( \$ ( \$ (	)
8. Autho	rized and is	sued shares af	ter change:	s:		<b>3</b> (	<del>.                                      </del>
Com	uen	Series	<del></del>	Par Value	Number Authorized	Number Issue	
	7070	0/x		,,,,,	10,000,000	6,850,00	0
١==٠			Ox.				
,		er changes: \$		64.132			
(1-210-11)	Capital Teplace	s the terms Stated Ca		_(),/	I to the total of these accounts.)	<del></del>	
			ITI	EM 10 MUST B	BE SIGNED		
10. The un	ndersigned	corporation has	caused thi	s statement to	be signed and attested by i	ts duly authorized officer	s, each
	ını anırnıs, u اسع	inder penames			(e'led herein are true.		
Dated	(Mon	27/0_3 th & Day)	, 4	2003 <u>DA</u> (Year)	TATEC INDUSTRIES, (Exact Nar	INC. me <sub>r</sub> of Corporation)	
attested by	Mary	CALLED LAND	ora	by	Mah I Hil	ln	
	(Signatu	re of Secretary or A	Assistant Secr	etary)	Siyn .:ui 🤊 of Pre	sident or Vice President)	
		CARDONA,		EC. MA	RK J. HIRSCHHOR N. (Type or Pr.	CFO วเ Name and Title)	
				NOTES		Ox	
Note 1.	ending with which has e	the last day of th	e third mont tended filing	h prior to its anni month, the "curre	stablished an extended filing m versary month in the current y ent reporting period" refers to	ear. In the case of a corpor	ation
Note 2.	Illinois Busir reported on	ness Corporation	Act, in paid-i after the sta	n capital (if any) fi itutory due date c	subtracting all reductions, as prome all increases in paid-in cape annot be netted against increa	pital (if any), However, reduc	tions
Note 3.	"Applicable year. Howe established	allocation factor" ver, if no annual	means the a report was of incorporat	llocation factor es filed for the prev	stablished at the time of filing the vious year, the applicable allowic corporation or on the applicable.	cation factor will be that fa	actor
Note 4.	"Previous re	porting period" r	neans any ti		ring prior to the current reporti		
Note 5.	If there have Report, in t	been changes n he same envelo	eported in ite <u>pe</u> .	em 5 or 7 of the 14	4.30, Form 14.30 <u>must</u> be sub	mitted with the enclosed An	nual
Note 6.	shares only	through dividend	s paid on pre	eferred shares, di	on Act, paid-in capital may be stributions as liquidating divide eduction to be effected.	reduced without cancellation ands or pursuant to an appro	on of oved

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## UNOFFICIA

2003 YEAR OF 2/1/03 File Prior to:

#### STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION

FILE NO.

5496-832-9

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

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

JUN 2 5 2003

DATATEC INDUSTRIES, INC. C/O PRENTICE HALL CORP.

33 NO. LASALLE ST.

CHICAGO, IL 60602

JESSE WHITE SECRETARY OF STATE

COOK

3a.) State or Country rancorporation:

NJ

3b.) Date Qualified To Do Business In IL: 11/1/96

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

OFFICE	, ₩AME	NUMBER & STREET	r CITY	STATE	ZIP
President	Isaac Gaon, 23	Madison Rd., Fair	field. NJ	07004	
Secretary		o, 23 Madison Road			
Treasurer	Vacant	u, z. mariani kom	,	<del>0, 100 07004</del>	· · · · · · · · · · · · · · · · · · ·
Director	Isaac Gaon, 23	Madison Road, Fai	rfield. NJ	07004	
Director		Ox			·
Director					
6.) Numb	or more of the stock is owned er of shares authorized and iss	by a minority or female, please check a ued (as of /// -/ 0 ):	ppropriate box.	Minority Owned	Female Owned
CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZ	ED N	NUMBER ISSUED
	Common	.00	10,000,00	0 (	6,850,000
		0	<u></u>		
		6 or 7a differs from the Secretary of St		closed BCA 14.30 must b	e completed.
7b.) The Pa	aid-in Capital on record with the	Secretary of State is: \$28 9	(170	the state	Capital reflects the sum of ed Capital and Paid-in ccounts.)

**RETURN TO:** 

Jesse White Secretary of State **Department of Business Services** Springfield, IL 62756 Telephone (217) 782-7808 www.sos.state.il.us

**ITEM 8 MUST BE SIGNED!** 

Under the penalty of perjury and as an authorized of ider, I declare that this annual report, jurs ant 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.

PRESIDENT					
SECRETARY	•				
		ID ADDRESSES ARE MISSING OR F ONS OR CORRECTIONS BELOW.	HAVE		File No.
PRESIDENT					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY					
	NAME	STREET ADDRESS	CITY	STATE	710 0005

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# **UNOFFICIAL COPY**

	The amounts stated in parts (a) through (e) below are given for the twelve month period	
€	ending	
1	The value of the property (gross assets)	ri .
	The value of the property (gross assets)  (a) owned by the corporation, wherever located, was	78024217
	(b) of the corporation located within the state of Illinois was(b) \$	82661
Т	The gross amount of business transacted by the corporation	
		15069504
	(d) at or from places of business in Illinois for the above period was(d) \$	2014181
0	Give the location of the principal places of business of the corporation in each state where authorized to transact business and the gross ar	nount of business
tr	transacted in each state for the above period. (If necessary, attach a second sheet.)	
ALLOC	CATION FACTOR $+ b+d = -0/854/$ (Write this figure on line 11b below.)	
	a + c (6 decimal places) line 11b below.)	
	(o doomal places)	
10. (a.)	.) ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted at or fr	om places of business
	in Illinois.	•
(b.)	the corporation £2ECTS to pay franchise tax on the basis of 100% of its total paid-in capital.	
ALL	LOCATION FACTOR = 1.00500 (Write this figure on line 11b below.)	
_		
S	STOP! Item 9 cr 10 must be completed before co	ontinuina
		Jiidii dii ig
	To Item 11.	
11. A	ANNUAL FRANCHISE TAX AND FEES	
	OZ	
(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 I	
(b.)	ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	
	(新) · · · · · · · · · · · · · · · · · · ·	
(c.)	ILLINOIS CAPITAL (Multiply line (a.) by Line (b.)	
(d1.)	.) Multiply line (c.) by .001 (Round to nearest cent)	0/
	.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25.	d2. 95.75
	· O <sub>A</sub> .	
(e1.)	) If Annual Report is late, multiply line(d2.) by .10e1. e1. / O . OO	
(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 line (e2.)	e3. 14.79
(f.)	ANNUAL REPORT FILING FEE (\$25)	f + 25.00

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

+ line (e3.) + line (f.)....

(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.)

### **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.

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## **UNOFFICIAL C**

YEAR OF 2002
File Prior to: 2/1/02

#### STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILE NO. 5496-832-9

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.

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

DATATEC INDUSTRIES, INC.

C/O PRENTICE HALL CORP.

33 NO. LASALLE ST.

CHICAGO, IL 60602

JUN 2 5 2003

JESSE WHITE SECRETARY OF STATE

COUNTY COOK

State or Country of incorporation:

ŊJ

3b.) Date Qualified To Do Business In IL: 11/1/96

The names and recidential addresses of ALL officers & directors MUST be listed here!

			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Isaac Gaon 23 M	adison Rd., Fairfi	eld. NJ O	7004	
Secretary	Mark Hirschian.	23 Madison Road,	Fairfield		
Treasurer	Vacant		•		
Director	Isaac Gaon, 23 M	ad <mark>ison Road, Fair</mark> f	ield, NJ 0	7004	
Director		<u> </u>			
Director					
	or more of the stock is owned by a er of shares authorized and issued (	minority or female, please check appr as of ///20/0/ ):	opriate box.	Minority Owned	Female Owner
LASS	SERIES	PAR VALUE NUM	MBER AUTHORIZED	N	UMBER ISSUED
	Common	.00 1	0,000,000	6	,850,000
···.					1 1
		O,			
		<u> </u>	6		
-			<u>/x,                                    </u>	-,	
<del></del>					·
a.) The an	Whenever the amount in item 6 or sount of paid-in capital as of ///?	. 0 2	s records, the enclosed	(Paid-in Ca	apital reflects the sum o
8.) ETURN TO:	By My Y LUC (Any Authorifed Officer's Signature	CFO (Title)	5/27/03 (Date)	authorized office annual report, purs	of perjury and as a r, I declare that th t ant to provisions of th r/101 Act, has bee
ecretary of separtment or pringfield, I	f Business Services - 62756 17) 782-7808	TEM 8 MUST BE S	SIGNED!	examined by me a	elief, true, correct, a

PRESIDENT SECRETARY					
		D ADDRESSES ARE MISSING OR H ONS OR CORRECTIONS BELOW.	·AVE		File No.
PRESIDENT					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

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## **UNOFFICIAL COPY**

9, .	The amounts stated in part	ts (a) through (e) below	w are given for the twelve month pe	eriod
	The value of the property (gros	ss assets)		
	(a) owned by the corporation	on, wherever located, wa	ıs	(a) \$ 3702080b
			ois was	
	The gross amount of business			(b) \$
				(c) \$ 9435561
			oove period was	· · · · · · · · · · · · · · · · · · ·
				orized to transact business and the gross amount of business
	transacted in each state for the			and the grown all country business
ALLO	CATION FACTOR	+ <u>b + d</u> = _	. 0 24 70 8 (6 decimal places)	(Write this figure on line 11b below.)
		a+c	(6 decimal places)	,
10. (a	.) ALL property of the in Illinois.	corporation is located	d in Illinois and ALL business of t	the corporation is transacted at or from places of busine
(b	.) the corporation E'_t	=CTS to pay franchi	ise tax on the basis of 100% of	its total paid-in capital.
		10		,
Αl	LOCATION FACTOR =	1.00000 (Write this	figure on line 11b below.)	
S	TOP! Ite	em 9 ca 10	0 must be com	pleted before continuing
	<b>T</b> .	- 14 44	,	piotoa polote continuing
	1 (	o Item 11.		——————————————————————————————————————
11	ANNUAL FRANCHISE T	AX AND FEES	0/	
(a.)	, ,			-200 100
	other side of report. If	late, enter the grea	ter of 7a or 7b	a. 289170
(b.)	ALLOCATION FACTO	OR (Enter from Item	9 or Item 10 above)	b 0 24 708
(c.)	ILLINOIS CAPITAL (M	fultiply line (a.) by L	ine (b.)	c. 7145
/.14	\ \$4.36			7.00
(40)	.) Muniply line (c.) by .00	IT (Round to neares	st cent)	/,U1
(a2.	) ANNUAL FRANCHISE	= TAX (Enter amour	nt from line (d1.), but not less th	tian \$23)
(e1.	) If Annual Report is late	e. multiply line(d2 \ t	by .10	e1. 2.50
(e2.	) If Annual Franchise Ta	ex is late, multiply lin	ne (d2.) by .01 for each month	
•	late or part thereof (mi	nimum \$1 ()()		e2 4.00
(e3.	) INTEREST & PENALT	IES (Add line (e1 )	and line (e2.)	e3. 6, 50
,	,		(02.)	
(f.)	ANNUAL REPORT FIL	) IO 555 (4455)		f + 25.00
		LING FEE (\$25)	***************************************	f. + 25.00
			S INTEDEST & DENAITIES D	Cal

### **IMPORTANT!**

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

+ line (e3.) + line (f.)....

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.

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## UNOFFICIAL

YEAR OF File Prior to:

#### STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION

FILE NO.

5496-832-9

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

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.

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

DATATEC INDUSTRIES, INC. C/O PRENTICE HALL CORP.

33 NO. LASALLE ST.

CHICAGO, IL 60602

COUNTY

COOK

State or Country of a corporation:

NJ

3b.) Date Qualified To Do Business In IL: 11/1/96

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

OFFICE	MAME	NUMBER & STREE	T CITY	STATE	ZIP
President	Isaac Gaon 23	Madison Rd., Fair	field. NJ	07004	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Secretary		, 23 Madison Road			
Treasurer	Vacant	7		, 1911-07100-	
Director	Ísaac Gaon, 29	Madison Road, Fa:	irfield. NJ	07004	78
Director		Ox			
Director					
	or more of the stock is owned er of shares authorized and iss	by a minority or female, please check ued (as of 1,112,400	appropriate box.	Minority Owned	Female Owned
CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	) N	IUMBER ISSUED
	Common	.00	10,000,000	$\epsilon$	,850,000
			474		-
7a.) The an		6 or 7a differs from the Secretary of S		h/	e completed.
8.)	By	CFO (Title)	5/27/03 (Date)	the state surplus ac	d Capital and Paid-in

**RETURN TO:** 

Jesse White Secretary of State **Department of Business Services** Springfield, IL 62756 Telephone (217) 782-7808 www.sos.state.il.us

**ITEM 8 MUST BE SIGNED!** 

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.

PRESIDENT					
SECRETARY					
		D ADDRESSES ARE MISSING OR F ONS OR CORRECTIONS BELOW.	HAVE		File No.
TRESIDEIAI	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

0327729297 Page: 9 of 15

## **UNOFFICIAL COPY**

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 34959753
	(b) of the corporation located within the state of Illinois was	· · · · · · · · · · · · · · · · · · ·
	The gross amount of business transacted by the corporation	
	(c) everywhere for the above period was	(c) \$ 9 3543169
	(d) at or from places of business in Illinois for the above period was	
	Give the location of the principal places of business of the corporation in each state where authorized to transact business and the	
	transacted in each state for the above period. (If necessary, attach a second sheet.)	•
ALL(	LLOCATION FACTOR $+ b+d = 029000$ (Write this figure 11b below $a+c$ (6 decimal places)	
	a + c (6 decimal places)	,
	<ul> <li>(a.) ALL property of the corporation is located in Illinois and ALL business of the corporation is transacte in Illinois.</li> <li>(b.) the corporation Elected in pay franchise tax on the basis of 100% of its total paid-in capital.</li> </ul>	d at or from places of business
A	ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)	
5	STOP! Item 9 or 10 must be completed before	re continuing
	To Item 11.	
11.	. ANNUAL FRANCHISE TAX AND FEES	
(a.	(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	70
(b.	(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	106
(c.	(c.) ILLINOIS CAPITAL (Multiply line (a.) by Line (b.)	
(d1	(d1.) Multiply line (c.) by .001 (Round to nearest cent)	00
	(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$20)	d2 25,00
(02	(See ) Fundo to the Provide Trox (Enter amount nom line (a.r.), but not less than \$25)	02-7-0
/e1	(e1.) If Annual Report is late, multiply line(d2.) by .10e1	50
(e2	(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month	
(	late or part thereof (minimum \$1.00)	
(e3	(e3.) INTEREST & PENALTIES (Add line (e1.) and line (e2.)	e3 9.50
•	1	
(f.)	(f.) ANNUAL REPORT FILING FEE (\$25)	f. + 25.00
. ,		
(g.)	(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.)	

### **IMPORTANT!**

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

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.

0327729297 Page: 10 of 15

### UNOFFICIAL

2000 YEAR OF File Prior to:

#### STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION

FILE NO.

5496-832-9

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

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.

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

DATATEC INDUSTRIES, INC.

C/O PRENTICE HALL CORP.

33 NO. LASALLE ST.

CHICAGO, IL 60602

JUN 25 2003

JESSE WHITE SECRETARY OF STATE

COUNTY COOK

3a.) State or Country of incorporation: NJ 3b.) Date Qualified To Do Business In IL: 11/1/96

The names and recidential addresses of ALL officers & directors MUST be listed here!

OFFICE **NUMBER & STREET** STATE ZIP President Isaac Gaon, 23 Madison Rd., Fairfield, NJ 07004 Secretary Mark Hirschiara, 23 Madison Road, Fairfield, NJ 07004 Treasurer Director Madison Road, Fairfield, NJ 07004 Director Director

5.) 6.)	If 51% or more of the stock is owned Number of shares authorized and iss			ity Owned Female Owned
CLAS	S SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
	Common	. 00	10,000,000	6,850,000
			0,	
			<u> </u>	

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 1/170/99

The Paid-in Capital on record with the Secretary of State is: \$

4.)

Under the perarty 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

surplus accounts.)

(Paid-in Capital reflects the sum of

the stated Capital and Paid-in

complete.

**RETURN TO:** 

Jesse White Secretary of State **Department of Business Services** Springfield, IL 62756 Telephone (217) 782-7808 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.

File No.

PRESIDENT

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

SECRETARY

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

0327729297 Page: 11 of 15

## **UNOFFICIAL COPY**

9.		The amounts stated in parts (a) through (e) below are given for the twelve month period ending	
	1	The value of the property (gross assets)	
		(a) owned by the corporation, wherever located, was	33925773 461390
		(b) of the corporation located within the state of Illinois was	461390
	7	The gross amount of business transacted by the corporation	
		(c) everywhere for the above period was(c) \$	1902728
		(d) at or from places of business in Illinois for the above period was	6862699
	G	Give the location of the principal places of business of the corporation in each state where authorized to transact business and the gross arm	ount of business
	tr	transacted in each state for the above period. (If necessary, attach a second sheet.)	
ΑL	.LOC	CATION FACTOR + $\frac{b+d}{a+c}$ = $\frac{a+b+d}{(6 \text{ decimal places})}$ (Write this figure on line 11b below.)	
10	. (a.) (b.)	in Illinois.	m places of business
		the corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital.  LOCATION FACTOR = 1.00000 /Write this figure on line 11b below.)	
	S	STOP! Item 9 or 10 must be completed before co	ntinuing
		To Item 11.	
11.	. А	ANNUAL FRANCHISE TAX AND FEES	
	(a.)		
	. ,	other side of report. If late, enter the greater of 7a or 7b.	
	(b.)	ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) b. , 058207	
-	(c.)	ILLINOIS CAPITAL (Multiply line (a.) by Line (b.)	
	(d1.)	) Multiply line (c.) by .001 (Round to nearest cent)	
- 1	(d2.)	ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)	d2 25.00
	(a1 )	) If Annual Report is late, multiply line(d2.) by .10	
,	(e).)	) If Annual Report is late, multiply line(d2.) by .10	
,	(54.)	) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)	
1	<b>ρ</b> 3 \		e3 /2,50
,		) INTEREST & PENALTIES (Add line (e1.) and line (e2.)	601 / 6/
(	(f.)	ANNUAL REPORT FILING FEE (\$25)	f. + 25.00
(	g.)	TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.)	3 (20
		+ line (e3.) + line (f.)	9.62.50

### **IMPORTANT!**

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

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.

0327729297 Page: 12 of 15

### UNOFFICIAL C

YEAR OF 1999 File Prior to: 2/1/99

#### STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION

FILE NO.

5496-832-9

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

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.

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

> DATATEC INDUSTRIES, INC. C/O PRENTICE HALL CORP. 33 NO. LASALLE ST.

CHICAGO, IL 60602

JUN 2 5 2003

**JESSE WHITE** SECRETARY OF STATE

COUNTY COOK

State or Country c. in corporation: NJ 3b.) Date Qualified To Do Business In IL: 11/1/96

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

OFFICE	NAME.	NUMBER & STREET	CITY	STATE	ZIP
President	Isaac Gaon 23	Madison Rd., Fairf	ield. NJ	07004	
Secretary		i, 23 Madison Road,		NJ 07004	
Treasurer	Vacant				
Director	Isaac Gaon, 23	Madison Road, Fair	<u>field, NJ</u>	07004	
Director		<u>Ox</u>			
Director				,— <u>1</u> —1—————————————————————————————————	
	% or more of the stock is owned boer of shares authorized and issue	y a minority or female, please check aped (as of $1/1/2$ $\pi/4$ $\%$ ):	propriate box.	Minority Owned	Female Owned
CLASS	SERIES	PAR VALUE N	JMBER AUTHORIZEI		IUMBER ISSUED
	Common	.00	10,000,000		6,850,000
			<del>/</del>		
			<del>- (2)</del>		
	, , , , , , , , , , , , , , , , , , ,				
IMPORTAN'	T! Whenever the amount in item (	or 7a differs from the Secretary of Sta	te's records, the ericlo	sed BCA 14.30 must b	e completed.
	mount of paid-in capital as of //		70	6.	·
7b.) The P	Paid-in Capital on record with the S	Secretary of State is: \$	70		Capital reflects the sum of ed Capital and Paid-in
8.)	By (Any Authorize) Officer's Sign	CFO (Title)	5/27/03 (Date)	Under the possible	ly of perjury and as an
Springfield,	e f State e of Business Services	ITEM 8 MUST BE	SIGNED!	annual report, rul Business Corp examined by me	er, I declare that this is ant to provisions of the provision. Act, has been and a, to the best of my belief, true, correct, and

www.sos.state.il.us

PRESIDENT							
SECRETARY					•		
IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.							
President							
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE		
SECRETARY							
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE		

0327729297 Page: 13 of 15

# **UNOFFICIAL COPY**

	The amounts stated in ending	parts (a) through (	e) below ar	e given for the two	elve month perio	od			
	The value of the property	11							
	(a) owned by the corp	gross assets) nration, wherever loc	ated was				4.5	. 168	260233
	(b) of the corporation i	ncated within the eta	a of Blinnie v	**************************************			(a)	\$ <u>/ P ×</u>	37 424
,	The gross amount of busin				***************************************		(D)	\$	21 174
,	(c) everywhere for the	above period was	е согроганог	,				. 72	182-313
	(d) at or from places o	f business in Hinnis f	ne tha abava	nadad was		****	(C)	3 / 2	141 26-1
	Give the location of the pri							\$	17620
	ransacted in each state fo					red to transact	business and the g	ross amount o	f business
ALLOC	CATION FACTOR	+ b+d	= .	0 7506	2		Vrite this figure ne 11b below.)	on	
		a+c		0 7 506, (6 decimal plac	ces)	711)	ic i io beiow.j		
10. (a.)	ALL property ci. in Illinois.	the corporation is	located in	Illinois and ALL	business of the	e corporation	n is transacted a	nt or from pla	aces of business
(b.)	the corporation	E'LECTS to pay	franchise	tax on the basis	of 100% of its	s total paid-i	in capital.		
ΔΙΙ	OCATION EXCTO	2 <b>– 1</b> 000.00 746	ia thia fia	uro on line ddh i					
ALI	LOCATION FACTO	( - <u>1.00300 (</u> W/)	ite uns ngi	ure on line 110 d	pelow.)				
S	TOP!	Item 9 c	<b>~10</b>	must be	e comr	hatalı	hefore	conf	inuina
		To Item		mast b	c comp	rcteu	Deloie	- COIII	amg
		i O iteili	11.0						
11. A	NNUAL FRANCHIS	E TAX AND FER	S	0/				_	
(a.)	Total Paid-in Capi	tal (Enter amoun	t from Iter	n 7a from the		100		187	
• •	other side of repor					a.	289170	)	
	•	,	•						
(b.)	ALLOCATION FA	CTOR (Enter from	m Item 9 d	or Item 10 above	e)	b.	.07506	, 2	
		•							
(c.)	ILLINOIS CAPITA	L (Multiply line (a	a.) by Line	(b.)		C.	21706	, 100	
		, ,,	, ,	• ,					
(d1.)	Multiply line (c.) by	.001 (Round to	nearest c	ent)		[d1]	22	-	
	ANNUAL FRANCE							d2.	25.00
, ,				12.77			<u></u>		
(e1.)	If Annual Report is	late, multiply lin-	e(d2.) by .	.10		e1.	2,50		
	If Annual Franchis					···	7		
` '	late or part thereof					e2.	13.00		_
(e3.)	INTEREST & PEN							e3.	15.50
		-	•					Sc.	
(f.)	ANNUAL REPORT	FILING FEE (\$	25)			•••••••		f.	+ 25.00
(g.)	TOTAL ANNUAL F	RANCHISE TAX	(, FEES, 1	NTEREST, & Pf	ENALTIES DU	IE (Add line	(d2.)		1 -
						-			1. 1

### **IMPORTANT!**

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

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.

0327729297 Page: 14 of 15

## UNOFFICIA

YEAR OF File Prior to:

#### STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION

FILE NO.

5496-832-9

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

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

> DATATEC INDUSTRIES, INC. C/O PRENTICE HALL CORP. 33 NO. LASALLE ST.

JUN 25 2003

JESSE WHITE SECRETARY OF STATE

CHICAGO, IL 60602

COUNTY COOK

2-1	Cinta	C		_4!	N
3a.)	State or	Country	of incorpora	auon:	- 17

3b.) Date Qualified To Do Business In IL: 11/1/96

The names and recidential addresses of ALL officers & directors MUST be listed here!

OFFICE	MAME	NUMBER & STREET	CITY	STATE	ZIP
President	Isaac Gaon 23 Mag	dison Rd Fairf	ield. NJ	07004	
Secretary	Mark Hirschipen,	-	•	L NJ 07004	
Treasurer	Vacant				
Director	Isaac Gaon, 23 Mag	lison Road, Fair	field, NJ	07004	
Director		<u>) c                                   </u>			
Director					
•	or more of the stock is owned by a miner of shares authorized and issued (as		propriate box.	Minority Owned	Female Owned
CLASS	SERIES	PAR VALUE N	JMBER AUTHORIZE	D )	NUMBER ISSUED
	Common	.00	10,000,000		6,850,000
IMPORTANT	"! Whenever the amount in item 6 or 7a		e's records, the er do	ised BCA 14.30 must b	e completed.
	nount of paid-in capital as of /// a of	, ,	70	<u></u>	
7b.) The Pa	By Authorized Officer's Signature)	CFO (Fille)	70 5/27/07 (Date)	Under the pe an authorized offic annual report, Fu	Capital reflects the sum of ed Capital and Paid-in ccounts.)  ty of perjury and as an er, I declare that this rst ant to provisions of the
Jesse White Secretary of	State 17	EM 8 MUST BE	SIGNEDI	examined by me	and is, to the best of my

**Department of Business Services** Springfield, IL 62756 Telephone (217) 782-7808 www.sos.state.il.us

complete.

PRESIDENT					
SECRETARY	•				
CHANGED, EN		D ADDRESSES ARE MISSING OR H ONS OR CORRECTIONS BELOW.	HAVE		File No.
PRESIDENT _					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY_					
_	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

0327729297 Page: 15 of 15

# **UNOFFICIAL COPY**

9.	The amounts stated in ending	n parts (a) through (e) be	low are given for the twelve month pe	eriod	
	The value of the property	(gross assets)			
			was	(2)	17937210
	(b) of the corporation	located within the state of I	wasllinois was	(b)	: 1169202
		iness transacted by the corp		(D)	\$
			·····	/->	. 251 (3/46
	(d) at or from places (	of business in Illinois for the	above period was	(C)	2038787
			of the corporation in each state where author	, ,	3-07010
			essary, attach a second sheet.)	onzed to transact dusiness and the g	ross amount of business
ALL	OCATION FACTOR	$+ \frac{b+d}{a+c} =$	• 074448 (6 decimal places)	(Write this figure line 11b below.)	on
10. (	in Illinois.	0.	nted in Illinois and ALL business of t		at or from places of business
•		0.	chise tax on the basis of 100% of	its total paid-in capital.	
F	ALLOCATION FACTO	)R = <u>1.00000</u> (Write th	nis figure on line 11b below.)		
•	STOP!	Item 9 on	10 must be com	pleted before	continuing
		To Item 11	f		<del></del>
11.	ANNUAL FRANCHI	SE TAX AND FEES	00/		-
(a		oital (Enter amount from ort. If late, enter the gr		a. 289170	
(b	.) ALLOCATION FA	CTOR (Enter from Ite	em 9 or Item 10 above)	b 07444	
(c	.) ILLINOIS CAPITA	\L (Multiply line (a.) by	/ Line (b.)	c. 2/528	
(d	1.) Multiply line (c.) b	y .001 (Round to near	rest cent)	d1. 72	
(d	2.) ANNUAL FRANC	HISE TAX (Enter amo	ount from line (d1.), but not less th	han \$20)	d2. 2 S.00
(e	1.) If Annual Report is	s late, multiply line(d2	.) by .10	e1. 2.50	
(e:	2.) If Annual Franchis	se Tax is late multiply	line (d2.) by .01 for each month		
(-)			(uz.) by .o i for each month	e2. 6.5	
(e			1.) and line (e2.)		e3 / 9.00
(0	o, micheorare	A THEO (MIGHING (6)	., and mie (ez.)		65,
(f.)	ANNIIAI REPOR	T FILING FEE /¢25)	***************************************		f. + 25.00
(1.)	, MATORE NEI ON	T TILING ΓΕΕ (\$25)	***************************************	***************************************	
(g.	) ΤΩΤΔ <u>Ι</u> ΔΝΝΙΙΔΙ Ι	FRANCHISE TAY EE	ES, INTEREST, & PENALTIES (	DUE /Add Kas (40.)	
(9-			ES, INTEREST, & PENALTIES L		9 69.00
	· iii (65.) · iii (6	;+·/···································	***************************************		<u>9.1 6</u> 7 . W.O [

+ line (e3.) + line (f.).... 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.