

SECRETARY OF STATE JESSE WHITE
STATE OF ILLINOIS
UNOFFICIAL COPY
CORPORATE ANNUAL REPORT
(Form CDE/CAF - Rev. 12/05/2002)

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM
(USE BLACK INK)

NORTHLAKE DEVELOPMENT COMPANY
% MICHAEL A MARCHESE
4104 N HARLEM AVENUE
CHICAGO IL 60634



Doc#: 0419517251
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 07/13/2004 02:28 PM Pg: 1 of 2

06/16/1999
Cook County

1-4. Verify information is accurate

First annual report or any changes to the President and Secretary must complete their name and address in space provided below and return with annual report.

5. MUST list all officers and directors. If you are the sole officer, please indicate to avoid a delay in filing. If more space is needed, enclose attachment with corporate file number on the attachment.

6. Changes to the authorized shares must be completed on form BCA 10.30 for Illinois Corporations. Foreign Corporations must file certified copies of amendment from state of incorporation. If any changes have been made to the issued shares, a BCA form 14.30 must be completed and filed.

7. Verify Registered Agent on file is true and accurate. Make any changes to Registered Agent's name and / or address in 7a.

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8. Complete preparer information as requested.

9. Affirm female or minority status: F means Female; M means Minority; B for Both. You must complete annually by selecting appropriate box. TO QUALIFY, 51% OWNERSHIP IS REQUIRED.

10. If item 10 is incorrect or blank, please enter the correct information here and in item 10.

FEIN:

COMPLETE FOR FIRST FILING OF OFFICERS OR CHANGES TO OFFICERS ON FILE

FILE # D 5824-921-1

MICHAEL A MARCHESE 4104 N HARLEM AVE #220 CHICAGO 60634

| | |
|-----------------------|---------|
| President | Address |
| VINCENT FORGIONE SAME | |
| Secretary | Address |

DETACH AT PERFORATION

021507

| | | | | |
|--|--------|---|--------------------------------|----------------------------------|
| 1) Corporate Name NORTHLAKE DEVELOPMENT COMPANY | | 2) File Number D 5824-921-1 | 3) State / Country Illinois | 4) Inc / Qual Date 03/17/1995 |
| 5) President Name & Address Michael Marchese 4104 N. Harlem Ave. Chicago IL 60634 | | | | |
| Secretary Name & Address Vincent Forgione 4104 N. Harlem Ave. Chicago IL 60634 | | | | |
| Officer / Director Name & Address Susan Weber 20 S. Clark St., Ste. 3000 Chicago IL 60603 | | | | |
| Officer / Director Name & Address William F. Gellini 20 S. Clark St., Ste. 3000 Chicago IL 60603 | | | | |
| Officer / Director Name & Address Donald W. Bailey 4104 N. Harlem Ave. Chicago IL 60634 | | | | |
| 6) Share Information | | | | |
| Class | Series | Par Value | Number Authorized | Number Issued as of |
| COMM | | .00000 | 100,000 | 1,000.000 12/31/2002 |
| 7) Registered Agent MICHAEL A MARCHESE 4104 N HARLEM AVENUE CHICAGO IL 60634 Cook County | | YEAR 2003 | | 7a) Changes Agent Name |
| | | FILED MAY 13 2004 JESSE WHITE SECRETARY OF STATE | | Address |
| | | | | City |
| | | | | IL Zip |
| | | | | County |
| 10) Signature / Title Donald W. Bailey | | | Date 5/6/04 | |

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.

VP
5/6/04

SECRETARY OF STATE JESSE WHITE
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STATE OF ILLINOIS
CORPORATE ANNUAL REPORT

(Form CDBCAB - Rev. 12/11/2002)

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

11. Enter Paid-in Capital as of the date listed. (Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts).

11a. If box 11 and 11a are different, you MUST file a BCA 14.30.

12. The State of Illinois requires all For Profit Corporations to pay a franchise tax. You must choose the method in which you will calculate your franchise tax from the 3 options listed below. You MUST fill in your choice in box 12.

A. All Property of the corporation is in Illinois and ALL business of the corporation is transacted at or from places of business in Illinois Skip boxes 12a through 12d and Enter 1.000000 in box 12e.

B. The corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital. Skip boxes 12a through 12d and Enter 1.000000 in box 12e.

C. The corporation has assets and/or transacts business outside of the State of Illinois, boxes 12a through 12d MUST be completed.

NOTE: the figures used in 12a) through 12d) will be given as of the close of the corporation's fiscal year immediately preceding the last day of the third month prior to the anniversary month. Enter date in box provided.

12a) Enter the value of the property owned by the corporation, wherever located: GROSS ASSETS.

12b) Enter the value of the property owned by the corporation, located in Illinois: ILLINOIS GROSS ASSETS.

12c) Enter the gross amount of business transacted by the corporation everywhere.

12d) Enter the gross amount of business transacted by the corporation at or from places of business in the State of Illinois.

12e) Divide (12b + 12d) by (12a + 12c). This figure MUST BE 6 decimal places and ENTERED into box 12e.

12f) Multiply the greater of box 11 or 11a by box 12e.

12g) Multiply box 12f by 0.001. If this figure is less than \$25.00 enter \$25.00. If greater than \$1,000,000.00 enter \$1,000,000.00.

13. If submitting after due, complete worksheet below.

Late annual report
Multiply box 12g by 0.10

Late Franchise Tax
Multiply box 12g by .01 by number of months late (minimum \$1.00).

Enter total in box 13.

TOTAL

14) \$25.00 filing fee.

15) Total due: add boxes 12g+13+14 (MINIMUM \$50.00).

16) This document MUST be signed by an Officer.

17) Make check payable to Secretary of State.

CHECKLIST

Box 11 has been completed.

Box 12 has been completed and choice for Franchise tax was given.

Box 12e has been completed.

Box 12g is not less than \$25.00.

Box 15 is not less than \$50.00.

Box 16 is signed by an officer.

Place File number on check. Do not staple or paper clip check to annual report.

If submitting a form BCA 14.30, your previous allocation factor is 1.000000

Additional forms are located at www.ilsos.net or can be requested by telephone at (217) 782-6961. For questions regarding this form please call 217-782-7808.

| | | | |
|---|---|--|--|
| File # D 5824-921-1 | FEIN | 11) Current Paid-in Capital 12/31/2002 100,000 | 11a) 100,000 |
| Prepared by | 12) A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> | Use decimals in 12a-d, f & g also in 13 and 15 | 12) FYE (See Note) |
| Address | 12a) Total Gross Assets \$ | | Franchise Tax & Fees |
| Phone # | 12b) Gross Assets in Illinois \$ | | 12g) Franchise tax 100.00 |
| E-mail Address | 12c) Total Gross Business \$ | | 13) Penalty / interest 25.00 |
| 10) <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Both | 12d) Total Business in Illinois \$ | | 14) Filing fee 75.00 |
| Annual Report Year 2003 | 03/01/2003 | 12e) Allocation Factor 1.000000 | 15) Total Due (Minimum of \$50.00) 200.00 |
| | | 12f) Illinois Capital \$ 100,000 | |

Jesse White Secretary of State
Department of Business Services
501 S 2nd Street
Springfield IL 62756-5510