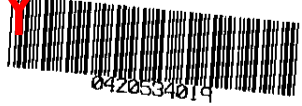


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FORM **BCA 13.15** (rev. Dec. 2003)
APPLICATION FOR AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS
Business Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1834
www.cyberdriveillinois.com

FILED

JUL 13 2004

JESSE WHITE
SECRETARY OF STATE

Doc#: **0420534019**
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 07/23/2004 10:33 AM Pg: 1 of 2

Remit payment in the form of a cashier's
check, certified check, money order
or an Illinois attorney's or CPA's check
payable to the Secretary of State.

5363-6851

File #

SEE NOTE 1 CONCERNING PAYMENT!

Filing Fee \$ 150.00 Franchise Tax \$ 25.00 Penalty/Interest \$ — Total \$ 175.00 Approved:

Submit in duplicate _____ Type or Print clearly in black ink _____ Do not write above this line _____

1. (a) CORPORATE NAME: General Contractors, Inc.

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: General Contractors, Inc. of Wisconsin
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the
transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation WI; Date of Incorporation 5/23/94; Period of Duration Perpetual

3. (a) Address of the principal office, wherever located: 275 Bruce Street
Suite 100
Verona, WI 53593

(b) Address of principal office in Illinois: None
(If none, so state)

4. Name and address of the registered agent and registered office in Illinois.

Registered Agent: National Registered Agents, Inc.
First Name Middle Initial Last name

Registered Office: 200 W. Adams St.
Number Street Suite # (A.P.O. Box alone is not acceptable.)
Chicago 60606 Cook
City ZIP Code County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)
WI and USA

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)

Name	No. & Street	City	State	ZIP
President	<u>David A. Craker</u>	<u>113 Sandy Court</u>	<u>Mt. Horeb WI</u>	<u>53572</u>
Secretary	<u>Christopher E. Kilen</u>	<u>771 City A</u>	<u>Belleville, WI</u>	<u>53508</u>
Director				
Director				
Director				

2/27

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7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)

General Contractor

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common	None	None	9,000	2,000

(If more, attach list)

9. Paid-in Capital: \$ 46,000.00
 ("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property* of the corporation for the following year: \$ 153,000.00
- (b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: \$ 0.00
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 2,500,000.00
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 250,000.00

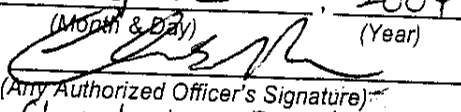
11. Interrogatories: (Important - this section must be completed.)

- (a) Is the corporation transacting business in this state at this time? No
- (b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**)

Dated July 12, 2004
(Month & Day) (Year)


(Any Authorized Officer's Signature)

Christopher E. Kilen
(Print Name and Title)

MAIL TO:

General Contractors Inc.
(Exact Name of Corporation)

275 Bruce St. Suite 100
Verona, Wisconsin
53593

* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.