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FORM **BCA 12.45/13.60** (rev. Dec. 2003)
APPLICATION FOR REINSTATEMENT
DOMESTIC/FOREIGN CORPORATIONS
Business Corporation Act



Doc#: **0424339110**
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 08/30/2004 03:54 PM Pg: 1 of 3

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Foreign (217) 782-1837
Domestic (217) 785-5782
Domestic (217) 782-5797
www.cyberdriveillinois.com

FILED
AUG 23 2004

JESSE WHITE
SECRETARY OF STATE

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.

File # 6134-902-2 Filing Fee: \$200.00 Approved: JC
Submit in duplicate _____ Type or Print clearly in black ink _____ Do not write above this line _____

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:
FITZPATRICK CHICAGO HOLDINGS INC.
- (b) Corporate name if changed (note 2): _____
- (c) If a foreign corporation having authority under an assumed corporate name restriction, the assumed corporate name (note 3): _____

2. State of incorporation: ILLINOIS

3. Date that the certificate of dissolution or revocation was issued: APRIL 1, 2004

4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement:
NOTICE! Completion of item #4 does not constitute a registered agent or office change. (note 4)

Registered Agent	<u>BRIAN CROWE</u>		
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Registered Office	<u>444 N. MICHIGAN AVENUE, SUITE 2500</u>		
	<i>Number</i>	<i>Street</i>	<i>Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)</i>
	<u>CHICAGO</u>	<u>IL</u>	<u>60611</u>
	<i>City</i>	<i>ZIP Code</i>	<i>County</i>

5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required. (note 1)

6. 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 AUGUST 20, 2004
(Month, Day & Year)

FITZPATRICK CHICAGO HOLDINGS INC.
(Exact Name of Corporation)

By [Signature]
(Any Authorized Officer's Signature)

John Fitzpatrick, President
(Print name and title)

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YEAR OF 2003
File Prior to: 11/1/2003

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

CORPORATION
FILE NO. 61349022

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; form BCA-14.30 must be completed and submitted in the same envelope.

1.) CORPORATE NAME **FITZPATRICK CHICAGO HOLDINGS INC.**
REGISTERED AGENT **BRIAN CROWE**
REGISTERED OFFICE **444 N. Michigan Ave., Suite 2500**
CITY, IL, ZIP CODE **Chicago, IL 60611** COUNTY **COOK**

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JESSE WHITE
SECRETARY OF STATE

2.) Principal address of corporation: 687 Lexington Avenue, New York, NY 10022
Street City State ZIP Code

3.) Date Incorporated 11/20/2000

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	John W. Fitzpatrick	687 Lexington Avenue,	New York, NY		10022
Secretary	John W. Fitzpatrick	687 Lexington Avenue,	New York, NY		10022
Treasurer					
Director	John W. Fitzpatrick	687 Lexington Avenue,	New York, NY		10022
Director	Paddy Fitzpatrick	687 Lexington Avenue,	New York, NY		10022
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 _____):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON		NPV	10,000	1,000

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records form BCA 14.30 must be completed.

7a.) The amount of paid-in capital as of 8/31 is: \$ 1,000.00

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 1,000.00

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

8.) By [Signature] President 8-20-2004
(Any Authorized Officer's Signature) (Title) (Date)

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.

RETURN TO:
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-7808
www.cyberdriveillinois.com

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.

61349022

File No.

PRESIDENT John W. Fitzpatrick 687 Lexington Avenue, New York, NY 10022

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	John W. Fitzpatrick	687 Lexington Avenue,	New York, NY	10022

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED—

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(Item 9, OR 10, (a.) OR 10, (b.) whichever is applicable, **MUST** be completed)

9.) The amounts stated in parts (a) through (d) below are given for the twelve month period ending _____ (day) _____ (month) _____ (year)

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) \$ _____

ALLOCATION FACTOR = $\frac{b + d}{a + c} = \frac{\quad}{\quad}$ (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 = 1.000000 (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.	1,000.00		
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	b.	1.00		
(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))	c.	1,000.00		
(d1.) Multiply line (c.) by .001 (Round to nearest cent)	d1			
(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)	d2		25.00	
(e1.) If Annual Report is late, multiply line(d2.) by .10	e1	2.50		
(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)	e2	2.50		
(e3.) INTEREST & PENALTIES (Add lines (e1.) and (e2.))	e3		5.00	
(f.) ANNUAL REPORT FILING FEE (\$75)			+ 75.00	
(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.))	g.			105.00

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.
 (Place corporate file number on check.)

IMPORTANT!

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