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FORM **BCA 5.10/5.20** (rev. Dec. 2003)
**STATEMENT OF CHANGE OF
REGISTERED AGENT AND/OR
REGISTERED OFFICE**
Business Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-3647
www.cyberdriveillinois.com



0520044034

Doc#: **0520044034**
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 07/19/2005 11:49 AM Pg: 1 of 4

FILED
JUN 30 2005
JESSE WHITE
SECRETARY OF STATE

Remit payment in the form of a
check or money order payable
to Secretary of State.

File # 6058-2335 Filing Fee: \$25 Approved: Bh
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: METRO COMMERCIAL REAL ESTATE INC.

2. State or Country of Incorporation: ILLINOIS

3. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent	<u>STEPHEN</u>	<u>R</u>	<u>CHESLER</u>
	First Name	Middle Name	Last Name
Registered Office	<u>401</u>	<u>N MICHIGAN AVENUE</u>	<u>STE 1900</u>
	Number	Street	Suite No. (P.O. Box alone is unacceptable)
	<u>CHICAGO</u>	<u>60611</u>	<u>COOK</u>
	City	ZIP Code	County

4. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent	<u>STEPHEN</u>	<u>R</u>	<u>CHESLER</u>
	First Name	Middle Name	Last Name
Registered Office	<u>120</u>	<u>S RIVERSIDE PLAZA</u>	<u>STE 1100</u>
	Number	Street	Suite No. (P.O. Box alone is unacceptable)
	<u>CHICAGO</u>	<u>60606-3910</u>	<u>COOK</u>
	City	ZIP Code	County

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

6. The above change was authorized by: ("X" one box only)
- a. Resolution duly adopted by the board of directors. (Note 5)
 - b. Action of the registered agent. (Note 6)

SEE REVERSE FOR SIGNATURE(S).

Box 378 LL

UNOFFICIAL COPY**7. If authorized by the board of directors, sign here. See Note 5 below.**

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

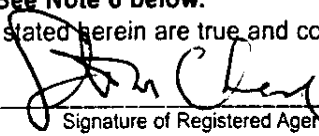
Dated _____
 Month & Day Year Exact Name of Corporation

 Any Authorized Officer's Signature

 Name and Title (type or print)

If change of registered office by registered agent, sign here. See Note 6 below.

The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.

Dated JUNE 23 , 2005
 Month & Day Year 

 Signature of Registered Agent of Record
STEPHEN R. CHESLER

 Name (type or print)
 If Registered Agent is a corporation,
 Name and Title of officer who is signing on its behalf.

NOTES

1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
2. The registered office must include a street or road address (P.O. Box alone is unacceptable).
3. A corporation cannot act as its own registered agent.
4. If the registered office is changed from one county to another, the corporation must file with the Recorder of Deeds of the new county a certified copy of the Articles of Incorporation and a certified copy of the Statement of Change of Registered Office. Such certified copies may be obtained **ONLY** from the Secretary of State.
5. Any change of registered agent must be by resolution adopted by the Board of directors. This statement must be signed by a duly authorized officer.
6. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.

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YEAR OF
File Prior to: 07/01/2005

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

CORPORATION
FILE NO. D 6058-233-5

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.

METRO COMMERCIAL REAL ESTATE, INC.

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

STEPHEN R. CHESLER
401 N MICHIGAN AVE STE 1900
CHICAGO, IL 60611

COUNTY COOK

2.) Principal address of corporation: 3333 SUMMIT HIGHLAND PARK IL 60035
Street City State ZIP Code

3.) Date incorporated 07/14/1999

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	GARY A GREENFIELD	3340 DUNDEE RD #2C1	NORTHBROOK	IL	60062
Secretary	STEVEN BAER	3340 DUNDEE RD #2C1	NORTHBROOK	IL	60062
Treasurer					
Director					
Director					
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 04/30/2005):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON		.00000	10,000	1,000,000

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 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] Principal 6/22/05
(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.

File No.

PRESIDENT	NAME	STREET ADDRESS	QTY	STATE	ZIP CODE
SECRETARY	NAME	STREET ADDRESS	QTY	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 = 1.00000 (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.	1,000.00	
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	b.	1.00000	
(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))	c.	1,000.00	
(d1.) Multiply line (c.) by .001 (Round to nearest cent)	d1.	1.00	
(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.		
(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 lines (e1.) and (e2.))	e3.		
(f.) ANNUAL REPORT FILING FEE (\$75)	f.		+ 75.00
(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.))	g.		100.00

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.