## **UNOFFICIAL COPY**

FORM **BCA 13.15** (rev. Dec. 2003) **APPLICATION FOR AUTHORITY TO** TRANSACT 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

MAR 1 4 2007

JESSE WHITE SECRETARY OF STATE



Doc#: 0707831084 Fee: \$28.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 03/19/2007 12:48 PM Pg: 1 of 3

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.
SEE NOTE 1 CONGENING PAYMENT!

Filin	ig Fee \$ <u>  S 0 , 0 0</u>	Franchise Tax \$ 47.8 S	Penalty/Interest \$2_	<u> 27,64                                    </u>	2 Approve	ed: 🗳		
	Submit	Type	or Print clearly in black ink	Do not write above this lin	<del>C</del>			
1.	(a) CORPORAT	CLAIRE'S BOU	JIIQUES, INC.			-		
			me is not available in this	state.)				
				,				
		CORPORATE NAME:	ernoration hereby agrees 1	NOT to use its corporate na	me in the			
		of business in Illinois. For						
2.	State or Country	· C	Date of	Period of P	. 1			
	of Incorporation _	Colorado la	ncorporation $\frac{12}{30}$	106; Duration Perpo	<del></del>			
			<u> </u>					
3.	(a) Address of t	he principal office, wherev	rer located: (ເົ້າ) Addre	ess of principal office in Illin	ois:			
	3 SW 129th Avenue, Pembroke Pines, FL 33027. None			(If none, so state)				
	3 5 W 12501 AVC	ue, I emoloke I mes, I'E 550.	11000					
					<u> </u>			
	Name and address of the registered agent and registered office in Illinois.							
4.	Name and addres	_		ois.				
	Registered Agent			<u> </u>	,			
	Registered Office	First Name 208 S. LaSalle Street, Sui	Middle te 814	Initial Las	t name			
	, regiotorea e mec	Number	Stre	et Sook	U (C F (A P.O. Bo	x alone eptable.)		
		Chicago City	60604 ZIP C		ounty	<del></del>		
			12° 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
5.		ies in which it is admitted	or qualified to transact bus	iness: (Include state of inco	трогацоп)			
_A	All 50 states							
6.	Name and addres	sses of officers and directo	rs: (If more than 3 director	s and/or additional officers,	attach list.)			
	Nama	No. 9 Charact	City		State	ZIP		
	Name President Nancy		, Hoffman Estates, IL 60195		Otate			
	Secretary Marla	Schaeter, 350 Fifth Avenue,	New York, NY 10118					
	Director Marla	Schaefer, 350 Fifth Avenue,	New York, NY 10118					
		e Schaefer, 3 SW 129th Ave	nue, Pembroke Pines, FL 330	21		<del></del>		
C=	Director	W OF CEP 4	TTACHMENT	List will be	Malana.	Tyr.		

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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)

<del></del> 8.	Authorized	I and issued shar	es:					
	Class mmon	Series	Par Value NPV	Number of Shar Authorized 100	es Number of Shares Issued 100			
		<del>-</del> 6						
		700	(If m	nore, attach list)				
9.	Paid-in Ca ("Paid-in C		3,000 ne terms Stated Capita	al & Paid-in Surplus and	I is equal to the total of these accounts.)			
10.	<ul> <li>(a) Give an estimate of the total value of a'll the proportion for the following year:</li> <li>(b) Give an estimate of the total value of all the proportion for the following year that will be local.</li> <li>(c) State the estimated total business of the corporatransacted by it everywhere for the following year.</li> <li>(d) State the estimated annual business of the corporatransacted by it at or from places of business in tillinois:</li> </ul>			roperty* of the ocated in Illinois: oration to be err:	\$ 345,000,000 \$ 50,000,000 \$ 950,000,000 \$ 45,000,000			
11.	Interrogatories: (Important - this section must be completed.)  (a) Is the corporation transacting business in this state at this time? Yes  (b) If the answer to item 11(a) is yes, state the exact date on which it commerced to transact business in Illinois.							
12.								
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 <b>BLACK W.F.</b> .)  CLAIRE'S BOUTIQUES, IN :							
	Dated	(Month & Day (Any Authorized C David Ovis, Vice (Print Nam	(Year)  Officer's Signature)  President  ine and Title)		(Exact Name of Corporation)			

\* 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.



Retail sales of ladies fashion accessories

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## **UNOFFICIAL COPY**

## Attachment to Illinois Officers & Directors

1 Full Name:

Officer/Director:

Officer's Title:

Business Address:

City:

State

ZIP Code:

2 Full Name

Officer/Director

Officer's Title:

Business Address:

City:

State:

ZIP Code:

3 Full Name:

Officer/Director:

Officer's Title:

Business Address:

City:

State:

ZIP Code:

Full Name:

Officer/Director:

Officer's Title:

Business Address:

City:

State:

ZIP Code:

Nancy Rich

Officer

President

2400 W Central Road

Hoffman Estates

IL

60195

Marla Schaefer

Officer, Director

Secretary

350 Fifth Avenue

New York

NY

10118

David Ovis

Officer

Vice President

3 SV/ 129th Avenue

Pembroke Pines

FL

33027

Michael Winer

Officer

Treasurer

Sty's Office 3 SW 129 Avenue

Pembroke Pines

FL

33027

