

# UNOFFICIAL COPY



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

Doc#: 0720457090 Fee: \$30.50  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 07/23/2007 12:11 PM Pg: 1 of 4

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-782-3847  
www.cyberdriveillinois.com

**FILED**  
**MAR 15 2007**  
JESSE WHITE  
SECRETARY OF STATE

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

File # D 0270-121-8 Filing Fee: \$25 Approved: GH  
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: CROUCH-WALKER CORPORATION

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 JOHN SCIACCO  
First Name Middle Name Last Name  
Registered Office 444 N. MICHIGAN 2500  
Number Street Suite No. (P.O. Box alone is unacceptable)  
CHICAGO 60611 COOK  
City ZIP Code County

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

Registered Agent ELIZABETH CROUCH  
First Name Middle Name Last Name  
Registered Office 128 WOODLAND  
Number Street Suite No. (P.O. Box alone is unacceptable)  
LAKE BLUFF 60044 LAKE  
City ZIP Code County

5. The address of the registered office and the address of the business office of the registered agent, if 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 5)

SEE REVERSE FOR SIGNATURE(S).

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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 MARCH 7, 2007 CROUCH-WALKER CORPORATION  
Month & Day Year Exact Name of Corporation  
Elizabeth Crouch  
Any Authorized Officer's Signature  
ELIZABETH CROUCH, PRES  
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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month Day Year Signature of Registered Agent of Record  
 \_\_\_\_\_  
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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Mar 06 07 09:58a

YEAR OF 2007  
 DUE PRIOR TO 03/01/2007

## SECRETARY OF STATE JESSE WHITE STATE OF ILLINOIS CORPORATE ANNUAL REPORT

(Form CBCAR - Rev. 02/06/2008)

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

p. 1

PAGE 1  
 CORPORATION FILE #  
 D 6270-121-8

**CROUCH-WALKER CORPORATION**  
 % JOHN C. SCIACCOTTA  
 444 N. MICHIGAN AVE STE. 2500  
 CHICGO IL 60611

03/03/2003  
 Cook County

1-4. Verify information is accurate.

5. MUST list names and addresses of all officers and directors as of the date of signing. If you are the sole officer, please indicate. 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 PCA 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 PCA form 14.30 must be completed and filed.

7. Verify Registered Agent on file is true and accurate. It will be necessary to file in this office form PCA 5.10 in order to make any changes in the Registered Agent's name and/or address. PCA 5.10 along with your \$25 fee should be submitted TOGETHER with the Annual Report.

FILE # D 6270-121-8

7a. Insert the principal address of Corporation.

7b. This document MUST be signed by an authorized Officer.

Reverse Side

8. If item 8 is incorrect or blank, please enter the correct information here and in item 8.

FEIN: ~~312~~ 13-4240844

9. Complete preparer information as requested.

10. Affirm female or minority status. You must complete annually by selecting appropriate box. TO QUALIFY, 51% OWNERSHIP IS REQUIRED.

Check this box if there are any changes in President or Secretary in #5 and MAIL IN THIS PORTION WITH THE ANNUAL REPORT.  
 Your current President and Secretary are:

President: ELIZABETH CROUCH 128 E WOODLAND RD LAKE BLUFF 60044  
 Secretary: ELIZABETH CROUCH SAME

DETACH AT SEPARATION AND SUBMIT WITH PAYMENT. DO NOT SUBMIT PHOTOCOPIES FOR FILING

021396

ILLINOIS DOMESTIC / FOREIGN ANNUAL REPORT

1) Corporate Name <b>CROUCH-WALKER CORPORATION</b>		2) Fee Number <b>D 6270-121-8</b>	3) State / Country <b>Illinois</b>	4) Inc / Qual Date <b>03/03/2003</b>
5) President Name & Address <b>ELIZABETH CROUCH 128 WOODLAND RD LAKE BLUFF 60044</b>				
Secretary Name & Address <b>ELIZABETH CROUCH SAME</b>				
Officer / Director Name & Address <b>ELIZABETH CROUCH SAME</b>				
Officer / Director Name & Address				
Officer / Director Name & Address				
6) Share Information		Number Authorized	Number Issued as of <b>12/31/2006</b>	
<b>COMMON</b>	<b>1,000,000</b>	<b>1,000</b>	<b>100,000</b>	
7) Registered Agent <b>JOHN C. SCIACCOTTA 444 N. MICHIGAN AVE STE. 2500 CHICGO IL 60611 Cook County</b>		7a) Principal Address of Corporation: <b>128 E WOODLAND RD LAKE BLUFF IL 60044</b>		
		7b) Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the 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.  <i>Elizabeth Crouch</i> SIGNATURE		

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Mar 06 07 09:59a

YEAR OF 2007  
DUE PRIOR TO 03/01/2007

## SECRETARY OF STATE JESSE WHITE STATE OF ILLINOIS CORPORATE ANNUAL REPORT

(Form CDBSAB - Rev. 09/09/2004)

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 at 1 or transacts business outside of the State of Illinois. Boxes 12a through 12d **MUST** be completed.

"Property" means gross assets, including all real, personal, tangible and intangible property, without qualification. "Business" means gross receipts, from whatever source derived.

Note: Tax figures used in 12a) through 12d) will be given as of the close of the corporation's fiscal year or immediately preceding the date printed in item 11. Enter date in item 12 FYE.

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 box 11 by box 12e. If the annual report is late, 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 \$2,000,000.00 enter \$2,000,000.00.

13. If submitting after due, complete worksheet below.

Late annual report Multiply box 12g by 0.10	2.50
Late Franchise Tax Multiply box 12g by .01 by number of months late (minimum \$1.00).	1.00
Enter total in box 13.	3.50
<b>TOTAL</b>	

14) \$75.00 filing fee.

15) Total due: add boxes 12g-13-14 (MINIMUM \$100.00).

16) Make check payable to Secretary of State. Please detach check stub.

### CHECKLIST

Boxes 5 and 11 have 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 \$100.00.

Box 7b 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 Illinois.gov](http://www Illinois.gov) or can be requested by telephone at (217) 782-6961. For questions regarding this form please call 217-782-7888.

File # D 6270-121-8	FEIN 627574260	11) Current Paid-in Capital 12/31/2006 100	100	12) FYE (See Note) 02/31/06
3) Prepared by		12) A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Use decimals in 12a-d, f & g also in 13 and 15	
Address		12a) Total Gross Assets \$	<b>Franchise Tax &amp; Fees</b>	
Phone #		12b) Gross Assets in Illinois \$		
E-mail Address		12c) Total Gross Business \$	12g) Franchise tax (Minimum of \$25) 25.00	
10) <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Both		12d) Total Business in Illinois \$	13) Penalty / Interest - 2.50	
Annual Report Year 2007		12e) Allocation Factor 1.0	14) Filing fee \$75.00	
		12f) Illinois Capital \$ 100	15) Total Due (Minimum of \$100.00) 103.50	

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

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