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File Number

5582 636 9
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SEAL OF THE STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE



Property of Cook County Clerk's Office

Whereas, APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN THIS STATE OF

SULLIVAN DENTAL PRODUCTS, INC.
DELAWARE

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE HAS BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, Jim Edgar, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois.

at the City of Springfield, this 21st
day of MARCH AD 19 90 and
of the Independence of the United States
the two hundred and 14th

Jim Edgar
SECRETARY OF STATE

90135379

Submit in Duplicate

JIM EDGAR
Secretary of State
State of Illinois

Table with 2 columns: Fee Type and Amount. Rows include Date, License Fee, Franchise Tax, Filing Fee, Penalties, and Clerk.

Remit payment in Certified Check, Cashiers' Check or a Money Order, payable to "Secretary of State"; DO NOT SEND CASH!

APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS

Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned corporation hereby applies for a certificate of authority to transact business in the State of Illinois and submits the following statement.

1. The name of the corporation is Sullivan Dental Products, Inc. (Shall contain the word "corporation", "company", "incorporated",

or "limited"; or shall contain an abbreviation of one of such words)

(To be completed only if the corporate name is not available)

and, the name which it elects to assume for use in Illinois, hereby agreeing NOT to use its corporate name in the transaction of business in Illinois, is

2. State or Country of Incorporation Delaware; Date of Incorporation 12-26-89; Period of Duration Perpetual

3. The address of its principal office, wherever located, is 19220 W. Lincoln, W. Allis, WI 53227

and the address of its principal office in Illinois is 245 W. National Avenue, Addison, IL 60101

4. The name and address of its registered agent and its registered office in Illinois are:

Registered Agent Howard O. Wolfe (First Name, Middle Name, Last Name)

Registered Office 120 S. Riverside Plaza, Suite 430 (Number, Street, Suite #)

Chicago 60606 Cook (City, Zip Code, County)

5. The states and countries in which it is admitted or qualified to transact business are:

Michigan, Minnesota, Wisconsin, Delaware and California

6. The names and respective residential addresses of its officers and directors are:

Table with 5 columns: Name, No. & Street, City, State, Zip. Rows list President Robert J. Sullivan, Secretary Judith Sullivan, and Directors Robert J. Sullivan, Judith Sullivan, and Wayne Helt.

*See attached list for additional directors (if attached)

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7. The purpose or purposes for which it is organized and which it proposes to pursue in the transaction of business in this State are:

If not sufficient space to cover this point, add one or more sheets of this size

To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware, and permitted under the Illinois Business Corporation Act.

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ADDITIONAL LIST OF DIRECTORS

Kevin J. Ackeret	2960 Highway 60, Jackson, WI 53037
Robert E. Doering	15245 Red Fox Lane, Elm Grove, WI 53122
Howard C. Wolfe	2620 Crestwood, Riverwoods, IL 60015
Kerry B. Wolfe	2659 Marl Oak, Highland Park, IL 60035

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8. The number of shares which this corporation is authorized to issue and which it has issued are:

Class	* Par Value	Number of Shares Authorized	Number of Shares Issued
Common	.01	5,000,000	2,475,000
Preferred	.01	500,000	0

* A declaration as to a "par value" is optional, unless the articles of incorporation make a declaration. When no reference to par value is desired, indicate "nb".

9. The amount of paid-in capital** is \$ 295,000

** "Paid-in Capital" replaces the terms Stated Capital & Paid in Surplus and is equal to the total of those accounts.

- 10. (a) —Give an estimate of the total value of all the property of the corporation for the following year \$ 11,091,000
- (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 \$ 216,000
- (c) —State the estimated total business of the corporation to be transacted by it everywhere for the following year \$ 34,619,000
- (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 \$ 4,123,000

11. INTERROGATORIES

- *** (a) To what office or offices will all contracts with the corporation be forwarded for final acceptance?
10920 W. Lincoln, W. Allis, WI 53227
- (b) The number of shares of all classes owned by residents of Illinois is: 82,500
- (c) The number of shares of all classes owned by non-residents of Illinois is: 2,392,500
- (d) Is the corporation transacting business in this State at this time? yes
- (e) If your answer is in the affirmative, state the exact date on which it commenced to transact business in Illinois: 12/26/89

12. This application is accompanied by a copy of the articles of incorporation, as amended, duly authenticated by the proper officer of the State or Country wherein it is incorporated, which certification is not more than ninety (90) days old.

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

*** When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).

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The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.

Dated 28 FEBRUARY 19 90

Sullivan Dental Products, Inc.

attested by Judith Sullivan
(Signature of Secretary or Assistant Secretary)

by Robert J. Sullivan
(Signature of President or Vice President)

Judith Sullivan, Secretary
(Type or Print Name and Title)

Robert J. Sullivan, President
(Type or Print Name and Title)

Handwritten initials

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DEPT-01 RECORDING \$17.25
1#2222 TRAM 1034 03/27/90 14:52:00
#2274 # B *-90-135379
COOK COUNTY RECORDER

90135379

Handwritten notes:
Well with...
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Form BCA-13.15

File No. _____

APPLICATION FOR CERTIFICATE
OF AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS

Filing Fee \$75.00 plus applicable license fee
and franchise tax

FILED
MAR 21 1990
JIM EDGAR
Secretary of State

RETURN TO:

Department of Business Services
Corporation Division
Secretary of State
Springfield, Illinois 62756
Telephone 217 — 782-6961