

UNOFFICIAL COPY

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

D 5474-709-8

1.) CHANGES ONLY: REGISTERED AGENT
REGISTERED OFFICE
CITY, IL, ZIP CODE

COUNTY

2.) CORPORATION NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

LIND-WALLOP SECURITIES, INC.
% TIMOTHY J. HUNTER 060590
1030 W. VAN BUREN ST
CHICAGO, IL. 60607

COOK
COUNTY

92593552

3.) Date Incorporated: 07/29/1987

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	TIMOTHY J. HUNTER	1030 W. Van Buren St.	Chicago, IL	IL	60607
Secretary	THOMAS J. ANDERSON	1030 W. Van Buren St.	Chicago, IL	IL	60607
Treasurer	THOMAS J. ANDERSON	1030 W. Van Buren St.	Chicago, IL	IL	60607
Director	BARRY J. LIND	1030 W. Van Buren St.	Chicago, IL	IL	60607
Director					

5.) If 51% or more of the stock is owned by a minority or female, please check appropriate box Minority Owned Female Owned

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

6.) Number of shares authorized and issued (as of 04/30/92):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMM			100000	1000000

DEPT-01 RECORDING \$23.50
T42222 TRAN 6091 08/11/92 12:34:00
#9893 # *-92-593552
COOK COUNTY RECORDER

7a.) The amount of paid-in capital as of 04/30/92 is: \$ 70,000

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 70,000

8.) By [Signature] (Any Authorized Officer's Signature) (Title) (Date)

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, 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:
Department of Business Services
Secretary of State
Springfield, IL 62756
Telephone (217) 782-7808

ITEM 8 MUST BE SIGNED!

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT WILLIAM G O'DONNELL 1030 W VAN BUREN ST CHICAGO 60607

SECRETARY TIMOTHY J HUNTER SAME

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

D 5474-709-8
File No.

PRESIDENT TIMOTHY J. HUNTER 1030 W. Van Buren St. Chicago, IL 60607
NAME STREET ADDRESS CITY STATE ZIP CODE

SECRETARY THOMAS J. ANDERSON 1030 W. Van Buren St. Chicago, IL 60607
NAME STREET ADDRESS CITY STATE ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED =

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9. The amounts stated on parts (a) through (d) below are given for the twelve month period ending _____, 19_____.

The value of the property (real 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) \$

Give the location of the principal places of business of the corporation in each state where authorized to transact business and the gross amount of business transacted in each state for the above period. (If necessary attach a second sheet.)

(Write this figure on line 11b below.)

ALLOCATION FACTOR = $\frac{b + d}{a + c}$ = _____ (6 decimal places)

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 ELEC 15 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)

a.	70,000.00	
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(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)

b.	1.00000	
----	---------	--

(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))

c.	70,000.00	
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(d.) Omitted

(e1.) Multiply line (c) by .001 (Round to nearest cent)

e1.	70.00	
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(e2.) ANNUAL FRANCHISE TAX (Enter amount from line (e1), but not less than \$25)

e2.		70.00
-----	--	-------

(f1.) If Annual Report is late, multiply line (e2) by .10

f1.		
-----	--	--

(f2.) If Annual Franchise Tax is late, multiply line (e2) by .01 for each month late or part thereof (minimum \$1.00)

f2.		
-----	--	--

(f3.) INTEREST & PENALTIES (Add line (f1) and line (f2))

f3.		
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(g.) ANNUAL REPORT FILING FEE (\$15)

g.		+ 15.00
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(h.) Omitted January 1, 1991

h.		N.A.
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(i.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (e2) + line (f3) + line (g) + line (h))

i.		85.00
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92593552

IMPORTANT!

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