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RETURN TO:
Department of Business Services
Secretary of State
Springfield, IL 62756
Telephone (217) 752-7808

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO.
D5520-706-2

YEAR OF 1990

92102285

1) CORPORATE NAME Resicom Corporation, Inc.
REGISTERED AGENT Mark A. Orloff
REGISTERED OFFICE 55 W. Monroe Street
CITY, IL, ZIP CODE Chicago, IL 60603

FILED COPY
JUN 13 1991
GEORGE H. BRYAN
SECRETARY OF STATE

3.) Date Incorporated 8/29/88
(Give complete address of principal office, if other than above)

AGENT/OFFICE CHANGES ONLY (see 11b)
Resicom Corporation, Inc.

Corporation Name Mitchell Bryan
Registered Agent
10 S. Wacker Dr., #4000
Registered Office - Street Address
Chicago, IL 60606 Cook County
City, County, IL Zip Code

Federal Employer Identification Number FEIN 92102285

4) The names and addresses of the officers and directors are: (if officers are directors, so state.)

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Leidy B. Smith	Dir./President	800 S. Wells St.,	Chicago	IL	60603
Mark Orloff	Secretary	10 S. Wacker Dr.,	Chicago	IL	60606
Leigh D. Smith	Dir./Treasurer	800 S. Wells St.,	Chicago	IL	60603
Oliver L. Smith	Director	800 S. Wells St.,	Chicago	IL	60603

5.) The type of business actually conducted in Illinois is:

6.) Number of shares authorized and issued as of

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
A	-	\$.01	2,000	1,000

7a.) The amount of paid-in capital as of _____ is
*PAID-IN CAPITAL \$ 10.00
**"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings

7b.) The Paid-in Capital as of _____ of record with the Secretary of State is:
TOTAL \$ 10.00
(The figure in Item 7b may not be altered.)

ITEM 8 MUST BE SIGNED!

8) BY  Leidy B. Smith, President 6/7/91
(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.

DO NOT DETACH

92102285

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

THE INFORMATION BELOW IS FOR THE PURPOSE OF COMPILING THE CERTIFIED LIST OF CORPORATIONS REQUIRED BY SECTION 125 OF THE BUSINESS CORPORATION ACT.

PRESIDENT
SECRETARY

D5520-706-2
File No

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW. PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

PRESIDENT	Leidy B. Smith	800 S. Wells St.,	Chicago	IL	60603
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	Mark Orloff	10 S. Wacker Dr.,	Chicago	IL	60606
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

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

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) \$ _____

Give the location of the principal place 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)

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

11. ANNUAL FRANCHISE TAX AND FEES

92102285

(a.) Total Paid-in Capital (Enter the GREATER of Item 7a or Item 7b from the other side of report) _____

a.		
b.	X	
c.		
e1		
e2		
f1		
f2		
f3		
g.		+ 15.00
h.		N/A
i.		

(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) _____

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

(d.) Omitted _____

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

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

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

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

(f3.) PENALTIES (Add line (f1) and line (f2)) (minimum \$3.50) _____

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

(h.) Omitted January 1, 1991 _____

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

Returns to Box 6

ITEM 8 MUST BE SIGNED

REMIT CHECK OR MONEY ORDER, PAYABLE TO "SECRETARY OF STATE", IN THE TOTAL AMOUNT DUE LISTED ON LINE 11i. THIS FEE MUST BE SUBMITTED WITH THIS ANNUAL REPORT FORM! IF THE PROPER REMITTANCE IS NOT ENCLOSED, THIS REPORT WILL NOT BE ACCEPTED FOR FILING AND A LATE PENALTY MAY BE ASSESSED.

PLEASE BE SURE YOU HAVE SIGNED THE FRONT OF THIS FORM. (ITEM 8.)

Your cancelled check is your receipt.