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RETURN TO:
 Corporation Department
 Secretary of State
 Springfield, IL 62756
 Telephone (217) 782-7808

STATE OF ILLINOIS
 DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
 FILE NO.
 D 2496-958-4

COPY YEAR OF 1993 **FILED**

APR 30 1993

1.) **93401525**

CORPORATE NAME **TRINITY BRONZE INCORPORATED**
 REGISTERED AGENT **Vacated**
 REGISTERED OFFICE **208 South LaSalle Street**
 CITY, IL, ZIP CODE **Chicago, IL 60604-1135**

GEORGE H. RYAN
 SECRETARY OF STATE

2.) AGENT/OFFICE CHANGES ONLY (see 11th)

TRINITY BRONZE INCORPORATED
 Corporation Name
C T Corporation System
 Registered Agent
208 S. LaSalle Street
 Registered Office - Street Address
Chicago, Cook County, IL 60604
 City, County, IL Zip Code

3.) Date Incorporated **1/20/37** ✓

Give complete address of principal office, if other than above:

Federal Employer Identification Number (FEIN) **36-0842865**

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

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Robert S. Gregg	President	411 Silver Moss Drive	Indian River Shores	FL	32963
Michael S. Matuska	Secretary	138 Lamplight Drive	Morgantown	WV	26505
Karen Baylor	Treasurer	2 Albright Road	Kingwood	WV	26537
Harry E. Van Iderstine	Director	812 Timberlane Drive	New Smyrna Beach	FL	32168
Paul B. Wilson	Director	4680 G.S.W. Parkgate Blvd.	Palm City	FL	34990
	Director				

5.) The type of business actually conducted in Illinois is: **Sales of bronze memorials**

6.) Number of shares authorized and issued (as of 10/31/92)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON ✓	N/A	\$1.00 ✓	3908 ✓	3908 ✓

7a.) The amount of paid-in capital as of 10/31/92 is:

*PAID-IN CAPITAL \$ **39,462.00**

*"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings.

7b.) The Paid-in Capital has on record with the Secretary of State is:

TOTAL \$ **39,462.00**

(The figure in Item 7b may not be altered.)

SECRETARY OF STATE

ITEM 8 MUST BE SIGNED

8.) By Robert S. Gregg Pres 4/13/93
(Any Authorized Officer's Signature) (Title) (Date)

Attest Karen Baylor 4/13/93
(Pres. or V. Pres. required if changes listed in 2)

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 know-

STATE OF ILLINOIS
 SECRETARY OF STATE

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93401525

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(Item 9, 10,(a.) OR 10,(b.) whichever is applicable, must be completed)

9. The amounts stated in parts (a) through (e) below are given for the twelve month period ending November 30, 19 92.

The value of the property (gross assets)

(a) owned by the corporation, wherever located, was (a) \$ 667,000
(b) of the corporation located within the state of Illinois was (b) \$ 0

The gross amount of business transacted by the corporation

(c) everywhere for the above period was (c) \$ 2,186,492
(d) at or from places of business in Illinois for the above period was (d) \$ 0

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.)

Kingwood, WV \$2,186,492

ALLOCATION FACTOR = $\frac{b + d}{a + c} = \frac{.000000}{(6 \text{ decimal places})}$

(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.)

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COOK COUNTY RECORDER

11. ANNUAL FRANCHISE TAX AND FEES

(a.) Total Paid-in Capital (Enter the GREATER of Item 7a or Item 7b from the other side of report)	a.	39,462	
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) ..	b.	X.000000	
(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))	c.	.00	
(d.) Omitted			
(e1.) Multiply line (c) by .001 (Round to nearest cent)	e1.		
(e2.) ANNUAL FRANCHISE TAX (Enter amount from line (e1), but not less than \$25)	e2.		25.00
(f1.) If Annual Report is late, multiply line (e2) by .10	f1.	3.50	
(f2.) If Annual Franchise Tax is late, multiply line (e2) by .01 for each month late or part thereof (minimum \$1.00)	f2.	1.00	
(f3.) PENALTIES (Add line (f1) and line (f2))	f3.		3.50
(g.) ANNUAL REPORT FILING FEE (\$15)	g.		+ 15.00
(h.) CHANGE OF AGENT/OFFICE FILING FEE (\$5) (Applicable if Item 2 on this annual report form shows any change.)	h.		
(i.) TOTAL ANNUAL FRANCHISE TAX, FEES & PENALTIES DUE (Add line (e2) + line (f3) + line (g) + line (h))	i.		43.50

EXPEDITED

MAY 03 1993

ITEM 8 MUST BE SIGNED SECRETARY OF STATE

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