

YEAR OF 1994
File Prior to: 07/01/94

UNOFFICIAL COPY

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE NO
D 5654-440-2

1.) CHANGES ONLY: REGISTERED AGENT
REGISTERED OFFICE 180 N. Stetson, #5510
CITY, IL ZIP CODE Chicago, IL 60601

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

MARKET CARPENTRY AND CONSTRUCTION, INC.
3 ROBERT A TEPPEK
092491

FILED
AUG 09 1994
GEORGE H. RYAN
SECRETARY OF STATE
COOK COUNTY

94755451

610

3a) State or Country of incorporation IL 3b) Date Qualified To Do Business in IL 09/24/1991

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	James Blocker	6619 W. 95th St.	Oak Lawn	IL	60453
Secretary	James Blocker	6619 W. 95th St.	Oak Lawn	IL	60453
Treasurer					
Director					
Director					
Director					

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

6.) Number of shares authorized and issued (as of 06/30/94)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMM			1000000	1000,000

DEPT-91-RECORDING \$23.50
786666 TRAN 5346 08/25/94 1445:00
#6210 + LC #94-755451
COOK COUNTY RECORDER

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

7a.) The amount of paid in capital as of 06/30/94 is \$ 1,000

7b.) The Paid in Capital on record with the Secretary of State is \$ 1,000

8.) By James Blocker President 8-1-94
(Authorized Officer's Signature) (Title) (Date)

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

ITEM 8 MUST BE SIGNED!

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.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

23.50
Blocker

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

9. The amounts stated in parts (a) through (d) 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 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 = $\frac{b + d}{a + c}$ = $\frac{\quad}{\quad}$ (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 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.)

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. If late, enter the greater of 7a or 7b.)	a.	1,000		
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	b.	x		
(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))	c.	1,000		
(d1.) Multiply line (c.) by .001 (Round to nearest cent)	d1.	1.00		
(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)	d2.		25.00	
(e1.) If Annual Report is late, multiply line (d2.) by .10	e1.			
(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)	e2.			
(e3.) INTEREST & PENALTIES (Add line (e1.) and line (e2).)	e3.			
(f.) ANNUAL REPORT FILING FEE (\$15)	f.		+ 15.00	
(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.))	g.		40.00	

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(MAKE CHECKS PAYABLE TO SECRETARY OF STATE)

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 in the same envelope.