

YEAR OF  
File Prior to: 1994

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

CORPORATION  
FILE NO.

D 5349-821-3  
94767608

1.) CHANGES ONLY: REGISTERED AGENT Maria Dellaportas  
REGISTERED OFFICE 415 N. LaSalle St., Suite 200  
CITY, IL ZIP CODE Chicago, Illinois 60610

COUNTY 94767608

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

RECEIVED

Novus, Inc.  
c/o Maria Dellaportas  
415 N. LaSalle St., Suite 200  
Chicago, Illinois 60610

AUG 18 1994

COOK COUNTY SECRETARY OF STATE

3a.) State or Country of incorporation: IL

3b.) Date Qualified To Do Business in IL:

June 18, 1984

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Maria Dellaportas	17848 Arcadia	Lansing	Illinois	60438
Secretary	Maria Dellaportas	17848 Arcadia	Lansing	Illinois	60438
Treasurer					
Director	Maria Dellaportas	17848 Arcadia	Lansing	Illinois	60438
Director					
Director					

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 10/31/93):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON	None	NPV	1000	100,000

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed BCA 1433 must be completed.

7a.) The amount of paid-in capital as of 3/31/94 is: \$ 1000.00

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

EXPEDITED

8.) By  Title \_\_\_\_\_ Date \_\_\_\_\_

AUG 18 1994

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 the above 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)

PRESIDENT

SECRETARY

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

D 5349-821-3  
File No.

PRESIDENT	Maria Dellaportas	17848 Arcadia	Lansing	Illinois	60438
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY	Maria Dellaportas	17848 Arcadia	Lansing	Illinois	60438
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

94767608

2300

UNOFFICIAL COPY

Property of Cook County Clerk's Office

PROPERTY

UNOFFICIAL COPY

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.)

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

(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.)

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

a.	1,000	
b.	x/.00000	
c.	1,000	
d1.	1.00	
d2.		25.00
e1.	2.50	
e2.	1.00	
e3.		3.50
f.		+15.00
g.		43.50

94767608

TECHNICAL CHECK OFF XOB

IMPORTANT!

DEPT-01 RECORDING \$23.00  
 T#0014 TRAN 2613 08/31/94 09:21:00  
 #0499 ÷ AR \*-94-767608  
 COOK COUNTY RECORDER

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.

# UNOFFICIAL COPY

Property of Cook County Clerk's Office

RECORDED

RECORDING DESK  
BOX 170