

UNOFFICIAL COPY 98787536

YEAR OF 1996

File Prior to 10-01-96

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

CORPORATION
FILE NO
D 5484-194-9

NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-5 10-5 20. If there have been any changes in items 6 or 7a the enclosed BCA-14 30 must be completed and submitted in the same manner.

1) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE, ZIP CODE

HC Restaurant Corporation
c/o Paul Stepan
350 North Clark Street
Chicago, IL 60610

FILED
98787536

JUL 21 1998

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Cook County Recorder 23.50

GEORGE H. RYAN
SECRETARY OF STATE
98787536

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COUNTY Cook

1) Date incorporated 10-21-1987

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

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Paul Stepan	1843 North Hoyne	Chicago	IL	60647
Secretary	Paul Stepan	1843 North Hoyne	Chicago	IL	60647
Treasurer	Paul Stepan	1843 North Hoyne	Chicago	IL	60647
Director	Paul Stepan	1843 North Hoyne	Chicago	IL	60647
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 (list)

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Common		1.00	100	100

EXPEDITED

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

JUL 21 1998

7) The amount of paid-in capital as of 10-5

8) The Paid-in Capital on report with the Secretary of State is 100

SECRETARY OF STATE
Notarized Capital and Paid-in Surplus Account

9) *Paul Stepan* President 7/20/98
Paul Stepan Secretary

Under the penalty of perjury and as an authorized officer I declare that this annual report pursuant to provisions of the Business Corporation Act has been examined by me and is to the best of my knowledge true, correct and complete

RETURN TO
George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 792-7928
http://www.sos.state.il.us

ITEM 8 MUST BE SIGNED!

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(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

PRESIDENT NAME ADDRESS CITY STATE ZIP CODE

SECRETARY NAME ADDRESS CITY STATE ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED:

*SYED
D. H.
M. H.*

Item 9 OR 10 (a) OR 10 (b) which ever 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, 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.)	1.4		
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	1.4		
(c.) ILLINOIS CAPITAL (Multiply line (a.) by line (b.))	1.4		
(d1.) Multiply line (c.) by .001 (Round to nearest cent)			25.00
(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)			25.00
(e1.) If Annual Report is late, multiply line(d2.) by 10	2.2		
(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)	.55		
(e3.) INTEREST & PENALTIES (Add lines (e1.) and (e2.))			2.75
(f.) ANNUAL REPORT FILING FEE (\$25)			25.00
(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.))			58.00

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.
(Place corporate file number on check.)

IMPORTANT!

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