

**Form BCA-14.30**

(Rev. Jan. 2003)

Secretary of State  
 Department of Business Services  
 501 S. Second St., Rm. 350  
 Springfield, IL 62756  
 217-782-9522, 217-782-6961  
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**Cumulative Report of Changes in Issued Shares and Paid-In Capital**

(Please type or print legibly in BLACK INK)

File #:

**DO NOT SEND CASH**

Date:  
 License Fee: \$  
 Franchise Tax: \$  
 Filing Fee: \$ 5  
 Penalty: \$  
 Interest: \$  
 Approved:

1. Corporate Name: \_\_\_\_\_

2. State or Country of Incorporation: \_\_\_\_\_

3. Authorized and Issued Shares as last reported (In any document other than an annual report.):

Class	Series	Par Value	Number Authorized	Number Issued

4. Paid-in Capital as last reported (In any document other than an annual report.): \$ \_\_\_\_\_

5. **Current** Reporting Period Transactions (See Note 1 on back.):

- List the total issuances and exchanges of shares by class not previously reported to the Secretary of State. Also, give the value of the entire consideration received (less expenses paid or incurred in connection with such issuances) and added or transferred to paid-in capital for or on account of such shares.
- List the total amount added or transferred to paid-in capital without the issuance of shares (contributions).
- List the total of all cancellations of shares by class not previously reported to the Secretary of State and the cost to paid-in capital for acquiring such shares.
- List the total amount subtracted from paid-in capital without a cancellation of shares, but as permitted by Section 9.20 of the Illinois Business Corporation Act (reductions).

Class of Shares	Series	Par Value	Number of Shares	Consideration Received/Cost
Issuance or Contributions:				\$
				\$
				\$
				\$
Cancellations or Reductions:				\$ ( )
				\$ ( )
(State reason for reduction if no shares were cancelled. See Note 6 on back.)				\$ ( )
Cumulative Change (Enter on line 6a below. See Note 2 on back.):				\$

6. Franchise Tax and Fees (No additional franchise tax is due when cumulative change is negative amount.):

a. Cumulative Change .....	a.		
b. Applicable Allocation Factor (See Note 3 on back.) .....	b.		
c. Taxable Illinois Capital (Multiply line a by line b.) .....	c.		
d. Multiply line c by .0015 (Round to nearest cent.) .....	d.		
e. Additional Franchise Tax (Enter amount from line d.) .....	e.		
f. If Cumulative Report is late, multiply line e by .10 (penalty) .....	f.		
g. If Additional Franchise Tax is late, multiply line e by .02 for each month late or part thereof (interest) (minimum \$1).....	g.		
<b>h. FILING FEE (\$5) .....</b>	<b>h.</b>		<b>5.00</b>
i. Total Amount Due (Add line e + line f + line g + line h.).....	i.		

**COMPLETE BOTH SIDES OF THIS REPORT.**

