

Illinois Limited Worker
Cooperative Association Act
Annual Report

FILE #

Due prior to:

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
ilsos.gov

This space for use by Secretary of State.

Type or print clearly.

Filing Fee: \$50

Penalty:

Total:

Approved:

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Limited Worker Cooperative Association name: _____

Registered agent: _____

Registered office: _____ IL _____
Number Street Suite City ZIP

2. Date organized in Illinois: _____

3. Address of principal place of business: (P.O. Box alone is unacceptable.)

Number Street Suite City, State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP

(Add additional sheets of this size if more space is needed.)

5. Managers other than a natural person affirm their current existence.

6. Changes to the registered agent and/or registered office must be submitted on Form LWCA-1.36.

7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$100 will apply if this report is not filed within 60 days after the due date.

Dated: _____, _____
Month/Day Year

Signature

Name and Title (type or print)

If applicant is a company or other entity, state name of company or entity.