FORM 1100	DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 1042						
2009 DELAWARE CORPORATION INCOME FOR CALENDARYEAR 2005							
or scal year beginning 2009, and en	ding	2010					
EMPLOYER IDENTIFICATION NUMBER	BER						
Name of Corporation							
Address	Zip Code			_	-	PLICABLE BOX	
Delaware address if di erent from above	Zip Code		INITIAL RETURN	CHA	ANGE OF	ADDRESS	EXTENSION ATTACHED
Date and State of Incorporation Nature of Business					L		
ATTACH COMPLETE COPY OF FE	DERAL FORM 1120		IFOUT OF BUSINES	SS, ENTERDA	ATE HEF	Æ _	/
Federal Taxable Income (See special clinistructions) Subtractions:					1		00
(a) Foreign dividends, interest and royalties		2a		00			
(b) Net interest from U.S. securities (Schedule 1, Column 2) .		2b		00			
(c) Interest from a liated companies (Schedule 1, Column 3)		2c		0.0			
(d) Gain from sale of U.S. or Delaware securities		2d		0.0			
(e) Wage deduction - Federal Jobs Credit		2e		0.0			
(f) Handicapped accessibility deduction (Attach statement)				ÖÖ			
(g) Net operating loss carry-over				00			
(h) Other				00			
					2i		100
(i) Total. Add Lines 2(a) through 2(h)					_		00
3. Line 1 minus Line 2(i)				Ι Ο Ο	3		100
(a) All state and political subdivision income taxes deducted in or	omputing Line 1	4a		00			
(b) Loss from sale of U.S. or Delaware securities				00			
(c) Interest income from obligations of any state except Delaware	(Schedule 1, Column	4c		00			
(d) Depletion expense - oil and gas		4d		00			
(e) Interest paid a liated companies (See instructions)		4e		0.0			
(f) Donations included in Line 1 for which Delaware income tax of	redits were granted	4f		0.0			
(g) Total. Add Lines 4(a) through 4(f)					4g		00
5. Entire net income [Line 3 plus Line 4(g)]					5		0.0
WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DEL WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WI 6 TO 10 INCLUSIVE	AWARE, ENTER AMOUNT THIN DELAWARE, COMPL	ON LINE 11. ETE ITEMS					
6. Total non-apportionable income (or loss) (Schedule 2, Column 3,	ine 8)				6		00
7. Income (or loss) subject to apportionment (Line 5 minus Line 6)					7		00
8. Apportionment percentage (Schedule 3D, Line 8)				%	9		
9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Lin			<u> </u>		9		0.0
10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8	<i>'</i>				10		0.0
11. Total (Line 9 plus or minus Line 10)					11		0.0
12. Delaware Taxable Income (Line 5 or Line 11, whichever is less)					12		0.0
13. Tax @8.7%					13		0.0
14. Delaware tentative tax paid		4.4		100			
15. Credit carry-over from prior year		45		0.0			
16. Other payments (attach statement)		16		0.0			
17. Approved income tax credits		47		00			
18. Total payments and credits. Add Lines 14 through 17					18		00
19. If Line 13 is greater than Line 18 enter BALANCE DUE AND PAY IN					19		00
					20a		00
20. If Line 18 is greater than Line 13 enter OVERPAYMENT:	(a) Total OVERPAYME (b) to be REFUNDED				20b		00
	(b) to be REDITED to				20c		00
		ZUIU IENIAI	IVE IAX		1		100
PLEASE SEE REVE	RSE SIDE FOR SIG	NATURE LIN	ES AND MAILIN	IG INSTR	UCTIC	NS.	

	SCHEDULE 1	I - INTEREST INCOME	_									
	Description Of Interest	Column 1 Foreign Interest	Column : Interest Rece From U.S. Sec	eived	Column 3 Interest Receive Affiliated Comp	d From	Column 4 Interest Received From State Obligations			Column 5 Other Interest Income		
1		00		00		0.0			00		00	1
2		00		00		0.0			00		00	2
3		00		00		0.0			00		00	3
4		00		00		0.0			00		00	4
5		00		00		0.0			00		00	5
6	Totals	00	L E INICOME AL	00	D MUTUUM AND	00	· .		001		00	16
	SCHEDULE 2 - NON-APPORTIONABLE INCOME A Description			Column 1 Within Delaware			Column 2 Without Delaware			Column 3 Total		
1	Rents and rovalt	ies from tangible property				00		0	0		00	1
2	1	atents and copyrights				00			0 (00	2
 3	1 ' ') from sale of real property	_			00			00		00	3
4	Gains or (losses) from sale of depreciable tangible property				00			0		00	2	
5	Interest income from Schedule 1, Columns 4 and 5, Line 6		00			00				00	5	
6	Total			00			00				00	e
7	Less: Applicable	expenses (Attach statement)				00		0	0		00	7
8	Total non-apport	ionable income				00		0	0		00	8
	SCHEDULE	3 - APPORTIONMENT F	PERCENTAGE			•		•				Γ
			Schedule 3-	A - Gross R	Real and Tangible	Personal	l Property					1
		December		Within De	elaware		,	Within an	d With	thout Delaware		
		Description	Beginning of	Beginning of Year		ar	Beginning	of Year		End of Year		l
1	Real and tangible	e property owned		00		0.0)	(00		00	1
_	Real and tangible			00		00	,		00		00	١
	1` ~	ual rental paid)		00		0.0	-		00		00	1
		inal cost of real and tangible		- 00		- 00	<u>' </u>	<u>'</u>	00		00	3
1		e from which is separately		00		00	,	- 1	00		00	١,
5	1	ructions)		00		0.0	-		00		00	-
6	1	See instructions)		00	1	0.0			001		00	6
	Average value (e	, , , , , , , , , , , , , , , , , , ,	e 3-B - Wages, Sal	aries. and (Other Compensation			nplovees			00	۲
Description				,			thin Delaware			Within and Without		1
	<u>'</u>		·					00		Delaware	00	+
	Wages, salaries, and other compensation of all employees		• •					00			00	11
	2 Less: Wages, salaries, and other compensation of general executive		fficers				00			00	12	
3 Total						n Annort	ionment	1001			00	13
				<u> </u>	о дрроп	ionnent	00			00	1	
Gross receipts from sales of tangible personal property							00			00	2	
2 Gross income from other sources (Attach statement)							00			00	3	
	3 Total									f		
_								00			0.1	J
1		f real and tangible property within						00	=		%	
2	Average value of	f real and tangible property within	n and without Delawa	re				100				
								00			0/	
<u>3</u>	Wages, salaries and other compensation paid to employees within Delaware						00	=		%		
_	Wages, salaries	and other compensation paid to	employees within and	d without Dela	aware L			100				
								00			%	
6	Gross receipts and gross income from within Delaware Gross receipts and gross income from within and without Delaware						00	=		/°		
	Gross receipts a	nd gross income from within and	without Delaware					100				
7	Total											
	1 otal											
8	Apportionment p	ercentage (See instructions)									%	
	Under penalties	of perjury, I declare that I have e	examined this return,	including acc	companying schedule	es and stat	tements, and to the	best of m	y knov	wledge and belief it is true	э,	
	correct and comp	blete. If prepared by a person oth	ner than the taxpayer,	the declarati	on is based on all info	ormation o	of which the prepare	er has any	knowl	ledge.		
Date Company of Allinois							Title		_	Frank Adding		_
Date Signature of Officer							riue			Email Address		
	Date	Signature of individ	dual or firm preparing the	return			- 11	Addres				_
	MAKE CHECK DA	VARI E AND MAIL TO: Delaware I	Division of Povenue P	O Box 2044 V	Wilmington DE 19899	2044					.00110011	11

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-204 IF A 2D BARCODE APPEARS IN THE UPPER RIGHT CORNER OF PAGE 1 OF THIS FORM:

899-8712