



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 DIVISION OF PROFESSIONAL REGULATION
 320 WEST WASHINGTON STREET
 SPRINGFIELD, ILLINOIS 62786

STATE OF ILLINOIS
 LAND SALES REGISTRATION ACT OF 1999

DISCLOSURE STATEMENT
 (FOR DIRECTORS, OFFICERS, & PARTNERS)

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in [765 ILCS 86], and must be completed by all partners, officers, directors, or persons occupying similar status or function for the subdivider or anyone whose interest in the applicant exceeds 10%. For corporations or partnerships owning in excess of 10%, attach latest financial statement (balance sheet and income statement). Failure to provide any information will result in a delay in processing and the submission of false information may subject the affiant to prosecution under applicable perjury statutes. This form has been approved by the Agency Forms Coordinator.

1. NAME OF FIRM MAKING APPLICATION:	2. FEDERAL EMPLOYEE IDENTIFICATION NUMBER:
3. ADDRESS OF FIRM (include Street, City, State, Zip):	4. DATE AND PLACE OF BIRTH OF DIRECTOR, OFFICER, OR SHAREHOLDER:
5. NAME OF DIRECTOR, OFFICER, OR SHAREHOLDER:	6. ARE YOU AN OFFICER, DIRECTOR, PARTNER OR EMPLOYEE OF ABOVE NAMED FIRM? <input type="checkbox"/> YES <input type="checkbox"/> NO
7. RESIDENCE ADDRESS OF #5 ABOVE (include street, city, state, zip):	Check one: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Director <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other

8. RECORD OF PREVIOUS OCCUPATION (PAST 5 YEARS).

NAME AND ADDRESS OF BUSINESS	DATES FROM - TO	BRIEF DESCRIPTION OF DUTIES PERFORMED

8a. IF LICENSED, HAS YOUR LICENSE AS A REAL ESTATE BROKER OR SALES PERSON EVER BEEN REVOKED OR SUSPENDED IN THIS STATE OR ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	9a. DO YOU AS PRINCIPAL OF THE FIRM HAVE AN INTEREST IN THE APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
8b. LIST STATES IN WHICH LICENCED AS A REAL ESTATE BROKER OR SALESPERSON.	9b. INDICATE EXTENT AND NATURE OF INTEREST (Within 30 days of filing of application): No. of Shares Owned: _____ % of Ownership: _____

10. HAVE YOU ANY WRITTEN AGREEMENT COVERING ACQUISITION OF ADDITIONAL INTEREST? (If "Yes", give full explanation on separate sheet marked Exhibit "A".)

11. STATE IN FULL OUR ARRANGEMENTS WITH THIS ORGANIZATION REGARDING COMPENSATION, SALARY, COMMISSION, PROFIT SHARING, BONUS, ETC. (If necessary, attach a separate sheet market Exhibit "B".)

12. LIST AFFILIATED COMPANIES OF THE REGISTRANT WITH WHICH YOU ARE ASSOCIATED AND INDICATE YOUR RELATIONSHIP AS AN OFFICER, DIRECTOR, PRINCIPAL, OR HOLDER OF INTEREST IN EXCESS OF 10%. (If additional space is needed, attach a separate sheet marked as exhibit "C".)

NAME AND ADDRESS OF AFFILIATED COMPANY	POSITION HELD

13. ANSWER THE FOLLOWING QUESTIONS. (If "yes", provide an explanation on a separate sheet providing marked exhibit "D".)		YES	NO
a.	Have you ever been an officer or director in a company which has become insolvent or has voluntarily or involuntarily declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you ever as an individual filed a petition in voluntary bankruptcy or has an involuntary petition in bankruptcy been filed against you?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Have you ever been convicted of any crime? (Disregard minor traffic violations.)	<input type="checkbox"/>	<input type="checkbox"/>
d.	Have you or the applicant ever been subject to any injunction or administrative order (including consent order) of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Has the applicant company or any of its officers and directors ever been convicted of a crime involving land disposition or any aspect of the land sales business, in this state, the Unites States or foreign country?	<input type="checkbox"/>	<input type="checkbox"/>

STATE OF _____)

COUNTY OF _____)

I, _____, do solemnly swear that the foregoing answers and statements have been knowingly made by me and that the same are true, and that I have not omitted to state any material facts touching upon such matters.

Signature of Principal

Subscribed and sworn before me in _____ County, in the State of _____, by the said _____, who personally appeared before me in the aforesaid County and State this _____ day of _____, 20_____.

Notary Public

NOTARY
SEAL

My Commission Expires: _____