

**APPLICATION FOR WITHDRAWAL**

**AND FINAL REPORT**

Business Corporation Act

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-6961  
www.cyberdriveillinois.com

Remit payment in the form of a  
check or money order payable  
to Secretary of State.

\_\_\_\_\_ File # \_\_\_\_\_ Filing Fee: \$25 Approved: \_\_\_\_\_

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

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

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

3. Post Office Address to which the Secretary of State may mail a copy of any process served upon it against the corporation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. No portion of the Corporation's issued shares at this time is represented by business transacted or property located in Illinois.

5. The Corporation surrenders its authority to transact business in Illinois.

6. The Corporation revokes the authority of its registered agent in Illinois to accept service of process, and hereby consents that service of process in any suit, action or proceeding based upon any cause of action arising in this State during the time this Corporation was licensed to transact business in this State may hereafter be made on such corporation by service thereof upon the Secretary of State.

**(COMPLETE ONLY WHEN APPLICABLE)**

7. a. List all issuances of shares not previously reported to the Secretary of State (including shares issued for cash or other property, share dividends, share splits, share exchanges pursuant to Section 11.10, and shares to effect an exchange or reclassification of issued shares), and give the value of the entire consideration received therefor, less expenses; list any amounts added or transferred to paid-in capital, without the issuance of shares. **(See Note 1 on reverse.)**

Date of Issuance or Contribution	Class	Par Value	Number of Shares Issued	Entire Consideration Received
				\$ _____
				\$ _____
			TOTAL	\$ _____

**(COMPLETE BOTH SIDES OF DOCUMENT)**

b. List all cancellations of shares not previously reported to the Secretary of State and give the cost.

<u>Date of Cancellation</u>	<u>Class</u>	<u>Number of Shares Cancelled</u>	<u>Cost</u>
			\$ _____
			\$ _____
		TOTAL	\$ _____

8. Issued shares at date of execution:

<u>Class</u>	<u>Series</u>	<u>Par Value</u>	<u>Number of Shares</u>

9. Paid-in capital at date of execution:

Paid-in Capital \$ \_\_\_\_\_

("Paid-in Capital" replaces the terms "Stated Capital" and "Paid-in Surplus" and is equal to the total of these accounts.)

10. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in **BLACK INK**.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day
Year
Exact Name of Corporation

\_\_\_\_\_  
 Any Authorized Officer's Signature

\_\_\_\_\_  
 Name and Title (type or print)

**NOTE**

1. In the event of an increase in paid-in capital, all applicable franchise taxes, penalties and interest must be paid before this document can be accepted for filing.