

**DW****53-01****KANSAS SECRETARY OF STATE****For-Profit Corporation Dissolution  
by Written Consent****CONTACT: Kansas Office of the Secretary of State**Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@sos.ks.gov  
www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.  
Please read instructions before completing.*

<b>1. Business entity ID number:</b> <i>This is not the Federal Employer ID Number (FEIN)</i>																																																																									
<b>2. Name of corporation:</b> <i>Name must match the name on record with the Secretary of State</i>																																																																									
<b>3. Name and mailing address of each officer:</b> <i>Do not leave blank</i>  <i>If additional space is needed please provide an attachment</i>	<table border="0"> <tr> <td>1)</td> <td colspan="5">_____</td> </tr> <tr> <td></td> <td colspan="5"><i>Name</i></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><i>Mailing address</i></td> <td><i>City</i></td> <td><i>State</i></td> <td><i>Zip</i></td> <td><i>Country</i></td> </tr> <tr> <td>2)</td> <td colspan="5">_____</td> </tr> <tr> <td></td> <td colspan="5"><i>Name</i></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><i>Mailing address</i></td> <td><i>City</i></td> <td><i>State</i></td> <td><i>Zip</i></td> <td><i>Country</i></td> </tr> <tr> <td>3)</td> <td colspan="5">_____</td> </tr> <tr> <td></td> <td colspan="5"><i>Name</i></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><i>Mailing address</i></td> <td><i>City</i></td> <td><i>State</i></td> <td><i>Zip</i></td> <td><i>Country</i></td> </tr> </table>	1)	_____						<i>Name</i>						_____	_____	_____	_____	_____		<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>	2)	_____						<i>Name</i>						_____	_____	_____	_____	_____		<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>	3)	_____						<i>Name</i>						_____	_____	_____	_____	_____		<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
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<b>4. Name and mailing address of the board of directors:</b> <i>Do not leave blank</i>  <i>If additional space is needed please provide an attachment</i>	<table border="0"> <tr> <td>1)</td> <td colspan="5">_____</td> </tr> <tr> <td></td> <td colspan="5"><i>Name</i></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><i>Mailing address</i></td> <td><i>City</i></td> <td><i>State</i></td> <td><i>Zip</i></td> <td><i>Country</i></td> </tr> <tr> <td>2)</td> <td colspan="5">_____</td> </tr> <tr> <td></td> <td colspan="5"><i>Name</i></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><i>Mailing address</i></td> <td><i>City</i></td> <td><i>State</i></td> <td><i>Zip</i></td> <td><i>Country</i></td> </tr> <tr> <td>3)</td> <td colspan="5">_____</td> </tr> <tr> <td></td> <td colspan="5"><i>Name</i></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><i>Mailing address</i></td> <td><i>City</i></td> <td><i>State</i></td> <td><i>Zip</i></td> <td><i>Country</i></td> </tr> </table>	1)	_____						<i>Name</i>						_____	_____	_____	_____	_____		<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>	2)	_____						<i>Name</i>						_____	_____	_____	_____	_____		<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>	3)	_____						<i>Name</i>						_____	_____	_____	_____	_____		<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
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**5. All stockholders with voting power do hereby consent to the dissolution of the corporation:**

**Stockholders' signatures**

_____	_____
_____	_____
_____	_____
_____	_____

**6. Effective date:**

*A future effective date must be within 90 days of filing date*

Upon filing

Future effective date \_\_\_\_\_  
Month Day Year

7. I, \_\_\_\_\_, declare under penalty of perjury under the laws of the state of  
Name of officer  
Kansas, that I am an officer of the above-named corporation, that the above consent has been signed by or on behalf of ALL stockholders entitled to vote on the dissolution, that the foregoing is true and correct and that I have remitted the required fee.

\_\_\_\_\_  
*Signature of secretary or other officer*

\_\_\_\_\_  
*Date (month, day, year)*

\_\_\_\_\_  
*Name of signer (printed or typed)*

**i Instructions:**

- 1. If this form is submitted after the close of the entity's tax year, an annual report and fee must be filed along with or prior to dissolution. If the entity has forfeited, it must reinstate before dissolution.
- 2. Submit this form with the **\$35** filing fee.

**STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO [WWW.SOS.KS.GOV](http://WWW.SOS.KS.GOV). UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.**

**NOTICE:** *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*