FORM **BCA 13.45** (rev. Dec. 2003) 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.ilsos.gov

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

__ File #_

	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 th corporation:					
4.	No portion of the Corporation's issued shares at this time is represented by business transacted or property located i 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 other property, share dividends, share splits, share exchanges pursuant to Section 11.10, and shares to effect exchange or reclassification of issued shares), and give the value of the entire consideration received therefor, le expenses; list any amounts added or transferred to paid-in capital, without the issuance of shares. (See Note 1 reverse.)					
	Date of Issuance or Contribution Class Par Value Shares Issued Entire Consideration Received					
	\$					
	\$					
	TOTAL \$					

Filing Fee: \$25

Approved: __

(COMPLETE BOTH SIDES OF DOCUMENT)

	b. List all cancellations of shares not previously reported to the Secretary of State and give the cost.					
	Date of Cancellation	Class	Number of Shares Cancelled	Cost		
				\$		
				\$		
			TOTAL	\$		
8.	Issued shares at date of exe	cution:				
	Class	Series	Par Value	Number of Shares		
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 accoun					
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 & D	ay Year	Exact Name of Corporation	on		
	Any Authorized	Officer's Signature				
	Name and Ti	tle (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.