

FORM **NFP 113.40** (rev. Dec. 2003)  
**APPLICATION FOR AMENDED  
AUTHORITY TO CONDUCT AFFAIRS  
IN ILLINOIS** (Foreign Corporations)  
General Not For Profit 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 # \_\_\_\_\_ Filing Fee: \$25 Approved: \_\_\_\_\_

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

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

If a Change of Name is being Reported, the New Corporate Name: \_\_\_\_\_

Assumed Corporate Name (Complete only if the new corporate name is not available in this state.):

\_\_\_\_\_  
By electing this assumed name, the Corporation hereby agrees NOT to use its corporate name in the transaction of  
business in Illinois. Form NFP 104.15 is attached.

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

b. If changed, Period of Duration: \_\_\_\_\_

3. If changed, Purpose(s) for which it is organized and proposes to pursue in the conduct of affairs in this State.

**For more space, use reverse side or attach additional sheets of this size.**

4. This application is accompanied by a copy of the Articles of Amendment to the Articles of Incorporation, if any, as evidence of any change of name, duration or purpose reported herein, such copy being duly authenticated by the proper officer of the State or Country wherein the corporation is incorporated, which certification is not more than 90 days old.

5. 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)