

**APPLICATION FOR WITHDRAWAL
AND FINAL REPORT**

General Not For Profit Corporation Act
Foreign Corporations

Secretary of State
Department of Business Services
501 S. Second St., 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: \$5 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. The Corporation surrenders its authority to conduct affairs in Illinois.

4. The Corporation revokes the authority of its Registered Agent in Illinois to accept services 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 conduct affairs in this State may hereafter be made on such Corporation by service thereof upon the Secretary of State.

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

6. 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)