

**STATEMENT OF CORRECTION**

Business Corporation Act

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-785-2237  
www.ilsos.gov

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

File # \_\_\_\_\_

Franchise Tax \$ \_\_\_\_\_ Penalty/Interest \$ \_\_\_\_\_ **Filing Fee: \$50** Total \$ \_\_\_\_\_ 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. Title of Document to be corrected: \_\_\_\_\_

4. Date Erroneous Document was filed by Secretary of State: \_\_\_\_\_

5. Inaccuracy, error or defect:  
(Briefly identify the error and explain how it occurred. Use reverse side or attach additional sheets of this size if necessary.)

6. Corrected portion(s) of the document in correct form:  
(Use reverse side or attach additional sheets of this size if necessary.)

7. 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)