

FORM **BCA 13.40** (rev. Dec. 2003)
**APPLICATION FOR AMENDED AUTHORITY
TO TRANSACT BUSINESS IN ILLINOIS**
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 the Secretary of State.

_____ File # _____ Filing Fee: \$25.00 Approved: _____

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

1. (a) CORPORATE NAME: _____
(b) **If changed**, NEW CORPORATE NAME: _____
(c) (Complete only if the new corporate name is not available in this state.)

ASSUMED CORPORATE NAME: _____
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

2. (a) State or Country of Incorporation: _____ (b) If changed, Period of Duration: _____

3. If changed, Purpose or Purposes proposed to be pursued in transacting business in this State:
(If not sufficient space to cover this point, use reverse side or add one or more 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 ninety (90) days old. The filing fee for the certified copy of the Articles of Amendment is \$50 unless the amendment acts as a restatement of the Articles of Incorporation, in which case the filing fee is \$150. In the event the statutory change was effected in a merger, a certified copy of the merger is required, plus applicable fee. The fees outlined in this paragraph are in addition to the \$25 filing fee in the upper right hand corner of this form.**

5. The undersigned corporation has caused this application to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated _____, _____
(Month & Day) (Year) (Exact Name of Corporation)

(Any Authorized Officer's Signature)

(Print Name and Title)