

Report Following Merger

or Consolidation

Business Corporation Act

Department of Business Services

501 S. Second St., Rm. 350

Springfield, IL 62756

217-782-6961

www.ilsos.gov

Payment must be made by check or money order payable to Secretary of State.

File #: _____ Approved: _____

Franchise Tax: \$ _____ **Filing Fee: \$5** Penalty: \$ _____ Interest: \$ _____ Total: \$ _____

_____ **Type or Print clearly in black ink** _____ **Do not write above this line** _____

1. Corporate Name: _____

2. State or Country of Incorporation: _____

3. Issued shares of each corporation party to the merger prior to the merger:

Corporation	Class	Series	Par Value	Number of Shares

4. Paid-in Capital of each corporation party to the merger prior to the merger:

Corporation	Paid-in Capital

5. Description of merger: (Include effective date and brief explanation of the conversion as stated in the plan of merger.)

6. Issued shares after merger:

Class	Series	Par Value	Number of Shares

7. Paid-in Capital of the surviving or new corporation: \$ _____

("Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)

ITEM 8 MUST BE SIGNED

8. 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.

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

Any Authorized Officer's Signature

Name and Title (type or print)