

FORM **BCA 15.20** – ROUTINE PROCESSING
CORPORATE REQUEST
FORM FOR CERTIFICATES OF GOOD STANDING
AND/OR COPIES OF DOCUMENT
Illinois Business Corporation Act
Secretary of State
Department of Business Services
Corporations Division
501 S. Second St., Rm. 330
Springfield, IL 62756
www.ilsos.gov

FAX: 217-558-0076
Email: sosbscorp@ilsos.gov

_____ File #: _____ Date: _____ Approved: _____

1. Corporation Name: _____

2. Secretary of State File Number: _____
8 digits

Request for:

- Routine** Certificate of Good Standing\$25
- Routine** Certified Copy of Articles of Incorporation and all amendments\$25
- Routine** Certified Copy of Other Document (set forth below).....**(per document fee) \$25**

_____ Name of Document _____ Date Filed _____

In addition to the above fees, an additional payment processor fee is charged when paying by credit card (minimum \$1).

**THE PROCEDURE FOR REQUESTING DOCUMENTS HAS CHANGED.
EFFECTIVE 9/1/20 WE WILL NO LONGER ACCEPT CREDIT CARD INFORMATION.
THE CUSTOMER WILL BE REQUIRED TO SET UP AN ACCOUNT.**

3. Please complete your payment account on <https://magic.collectorsolutions.com/magic-ui/en-US/Login/ilsos-bs> prior to submitting the copy request. The NCR assigned account number and account name must be set forth below.

_____ NCR assigned account number _____ Account name _____

4. Name and daytime number of contact person:

_____ Name _____ Phone Number _____

5. Shipment method (**SELECT ONE**):

- Regular Mail **(Complete item 6a.)** Fax **(Complete item 6c.)**
- United Parcel Service **(Complete item 6a & 6b.)** Email **(Complete item 6d.)**

Routine Processing request may take up to 10 business days.

6a. Send to: _____
First Name Middle Name Last Name

_____ Number Street Apt./Ste. #

_____ City State ZIP

6b. UPS Account Number: _____
Account Number Account ZIP

6c. Fax to: _____
Name Fax Number

6d. Email Address: _____