

EOA 205

Illinois Secretary of State
Department of Business Services
STATEMENT OF CONVERSION

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 cashier's check, a certified check, a money order, or an Illinois attorney's or a CPA's check payable to Secretary of State.

New Entity File Number

Filing Fee: \$100 _____ Approved: _____

_____ Submit in duplicate _____ Type or print clearly in black ink _____ Do not write above this line _____

Converting Entity

Current file number: _____

1. Converting Entity Name: _____
2. Current Entity Type: (select only one)

<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Not For Profit <input type="checkbox"/> LWCA
3. Jurisdiction and Date of Incorporation/Organization: _____
4. **The conversion is authorized by the law of the foreign entity's jurisdiction of organization.**

New Entity

5. Converted Entity Name: _____
 6. Converted Entity Type: (select only one)

<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Not For Profit <input type="checkbox"/> LWCA
 7. Jurisdiction of Incorporation/Organization: _____
 8. The Converted Entity: (select only one)

<input type="checkbox"/> intends to transact business in Illinois	<input type="checkbox"/> will not be transacting business in Illinois (Please set forth address below.)
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- Address for Service of Process: _____
(P.O. Box alone is not acceptable)
9. Effective Date of Conversion: _____ If a future date is chosen, MUST be within 90 days of filing.

<input type="checkbox"/> Upon Filing	<input type="checkbox"/> Future Effective Date: _____
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**The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.
The formation document and fee for the Converted Entity must be attached.**

10. The undersigned Entity has caused this statement to be signed by a duly authorized signer 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 Converting Entity

Any Authorized Signer's Signature

Name and Title (type or print)