FORM **BCA 13.45** (rev. Dec. 2003) **APPLICATION FOR WITHDRAWAL AND FINAL REPORT**

Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-6961
www.cyberdriveillinois.com

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

	File #			Filing Fee: \$25 Approved:		
	Submit in duplicate	Type or Prin	t clearly in black ink –	Do not write above	this line	
1.	Corporate Name:					
	State or Country of Incorporation					
3.	Post Office Address to which the Secretary of State may mail a copy of any process served upon it against th corporation:					
4.	No portion of the Corporation's i Illinois.	ssued shares at th	his time is represente	d by business transacted o	or property located in	
5.	The Corporation surrenders its authority to transact business in Illinois.					
6.	The Corporation revokes the authority of its registered agent in Illinois to accept service of process, and hereb consents that service of process in any suit, action or proceeding based upon any cause of action arising in this State during the time this Corporation was licensed to transact business in this State may hereafter be made on succorporation by service thereof upon the Secretary of State.					
		(COMPLETE	ONLY WHEN APPLIC	CABLE)		
7.	other property, share divider exchange or reclassification	all issuances of shares not previously reported to the Secretary of State (including shares issued for cash of property, share dividends, share splits, share exchanges pursuant to Section 11.10, and shares to effect an hange or reclassification of issued shares), and give the value of the entire consideration received therefor, less enses; list any amounts added or transferred to paid-in capital, without the issuance of shares. (See Note 1 or erse.)				
	Date of Issuance or Contribution	Class	Par Value	Number of Shares Issued	Entire Consideration Received	
					\$	
					\$	
				TOTAL	\$	

(COMPLETE BOTH SIDES OF DOCUMENT)

	b. List all cancellations of sh	ed to the Secretary of State and give the c	ne cost.					
	Date of Cancellation	Class	Number of Shares Cancelled	Cost				
				\$				
				\$				
			TOTAL	\$				
8.	Issued shares at date of exe	cution:						
	Class	Series	Par Value	Number of Shares				
9.	Paid-in capital at date of execution: Paid-in Capital \$							
	("Paid-in Capital" replaces the terms "Stated Capital" and "Paid-in Surplus" and is equal to the total of these account							
10.	. 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 & D	ay Year	Exact Name of Corporation	on				
	Any Authorized	Officer's Signature						
	Name and Ti	tle (type or print)						

NOTE

1. In the event of an increase in paid-in capital, all applicable franchise taxes, penalties and interest must be paid before this document can be accepted for filing.