

Form BCA-14.35

(Rev. Jan. 2003)

**Report Following Merger
or Consolidation**

File #:

Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-6961
www.cyberdriveillinois.com

DO NOT SEND CASH

This space for use by
Secretary of State

Date:

Franchise Tax: \$
Filing Fee: \$ 5
Penalty: \$
Interest: \$
Approved:

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

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)