

**APPLICATION FOR AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS**

Business Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1834
www.cyberdriveillinois.com

Remit payment in the form of a cashier's
check, certified check, money order
or an Illinois attorney's or CPA's check
payable to the Secretary of State. _____
File # _____

SEE NOTE 1 CONCERNING PAYMENT!

Filing Fee \$ _____ Franchise Tax \$ _____ Penalty/Interest \$ _____ Total \$ _____ Approved:
_____ Submit in duplicate _____ Type or Print clearly in black ink _____ Do not write above this line _____

1. (a) CORPORATE NAME: _____

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: _____
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the
transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation _____; Date of Incorporation _____; Period of Duration _____

3. (a) Address of the principal office, wherever located: _____

(b) Address of principal office in Illinois: _____
(If none, so state)

4. Name and address of the registered agent and registered office in Illinois.

Registered Agent: _____
First Name Middle Initial Last name
Registered Office: _____
Number Street Suite # (A P.O. Box alone is not acceptable.)
City ZIP Code County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)

Name	No. & Street	City	State	ZIP
President	_____	_____	_____	_____
Secretary	_____	_____	_____	_____
Director	_____	_____	_____	_____
Director	_____	_____	_____	_____
Director	_____	_____	_____	_____

