



Return to: Missouri Attorney General's Office
Attention: NPC Unit • 815 Olive, Suite 200 • St. Louis, MO 63101

Corporation Information

NAME _____ CHARTER NUMBER _____

TYPE OF BENEFIT Public Mutual

REGISTERED AGENT _____

PRINCIPLE PLACE OF BUSINESS OR CORPORATE HEADQUARTERS _____

Dissolution Information

DIRECTOR VOTE

NUMBER OF DIRECTORS _____

VOTES FOR DISSOLUTION _____

DATE OF VOTE (MM-DD-YY) _____

MEMBER VOTE

NUMBER OF MEMBERS _____

VOTES FOR DISSOLUTION _____

DATE OF VOTE (MM-DD-YY) _____

INCORPORATOR VOTE

Complete only if the organization incorporated but never elected directors, acquired assets, accepted members nor conducted business.

NUMBER OF INCORPORATIONS _____

VOTES FOR DISSOLUTION _____

DATE OF VOTE (MM-DD-YY) _____

DATE CORPORATION FILED ARTICLES OF DISSOLUTION WITH SECRETARY OF STATE (MM-DD-YY) _____

Distribution of Assets

DESCRIBE HOW THE CORPORATION WILL DISPOSE OF ITS ASSETS

- The corporation will distribute its assets to the organization(s) below, which are or would qualify as 501(c)(3) organizations.
- The corporation will distribute to the organization(s) below, as required by the corporation's articles or by-laws. A copy is attached.

LIST ALL ASSETS AND THE NAME AND ADDRESS OF THE RECIPIENT OF EACH ASSET

ASSET	RECIPIENT'S NAME
RECIPIENT'S ADDRESS	CITY
	STATE
	ZIP

ASSET	RECIPIENT'S NAME
RECIPIENT'S ADDRESS	CITY
	STATE
	ZIP

ASSET	RECIPIENT'S NAME
RECIPIENT'S ADDRESS	CITY
	STATE
	ZIP



Distribution of Assets (Con't)

LIST ALL ASSETS AND THE NAME AND ADDRESS OF THE RECIPIENT OF EACH ASSET

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHECK HERE IF THE CORPORATION WAS ORGANIZED AND OPERATES AS A CHURCH.

Verification Statement

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

SIGNATURE _____ DATE _____
(MM-DD-YY)