

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

Business Corporation Act

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-1832  
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.

**SEE NOTE 1 CONCERNING PAYMENT!** File # \_\_\_\_\_

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				

