



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)