

FORM **BCA 15.20** – ROUTINE PROCESSING
CORPORATE REQUEST
FORM FOR CERTIFICATES OF GOOD STANDING
AND/OR COPIES OF DOCUMENT

Illinois Business Corporation Act

Secretary of State
Department of Business Services
Corporations Division
501 S. Second St., Rm. 330
Springfield, IL 62756
www.cyberdriveillinois.com

FAX: 217-558-0076

Email: sosbscorp@ilsos.gov

File #: _____ Date: _____ Approved: _____

1. Corporation Name: _____

2. Secretary of State File Number: _____
8 digits

Request for:

- Routine** Certificate of Good Standing\$25
- Routine** Certified Copy of Articles of Incorporation and all amendments\$25
- Routine** Certified Copy of Other Document (set forth below).....**(per document fee) \$25**

Name of Document Date Filed

In addition to the above fees, an additional payment processor fee is charged when paying by credit card (minimum \$1).

**THE PROCEDURE FOR REQUESTING DOCUMENTS HAS CHANGED.
EFFECTIVE 9/1/20 WE WILL NO LONGER ACCEPT CREDIT CARD INFORMATION.
THE CUSTOMER WILL BE REQUIRED TO SET UP AN ACCOUNT.**

3. Please complete your payment account on <https://magic.collectorsolutions.com/magic-ui/en-US/Login/ilsos-bs> prior to submitting the copy request. The NCR assigned account number and account name must be set forth below.

NCR assigned account number Account name

4. Name and daytime number of contact person:

Name Phone Number

5. Shipment method (**SELECT ONE**):

- Regular Mail **(Complete item 6a.)** Fax **(Complete item 6c.)**
- United Parcel Service **(Complete item 6a & 6b.)** Email **(Complete item 6d.)**

Routine Processing request may take up to 10 business days.

6a. Send to: _____
First Name Middle Name Last Name

Number Street Apt./Ste. #

City State ZIP

6b. UPS Account Number: _____
Account Number Account ZIP

6c. Fax to: _____
Name Fax Number

6d. Email Address: _____