

**STATEMENT OF CORRECTION**

General Not For Profit Corporation Act

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-785-2237  
www.cyberdriveillinois.com

Remit payment in the form of a  
check or money order payable  
to Secretary of State.

\_\_\_\_\_ File # \_\_\_\_\_ **Filing Fee: \$25** Approved: \_\_\_\_\_

\_\_\_\_\_ **Submit in duplicate** \_\_\_\_\_ **Type or Print clearly in black ink** \_\_\_\_\_ **Do not write above this line** \_\_\_\_\_

1. Corporate Name: \_\_\_\_\_
2. State or Country of Incorporation: \_\_\_\_\_
3. Title of Document to be corrected: \_\_\_\_\_
4. Date erroneous document was filed by the Secretary of State: \_\_\_\_\_
5. Briefly identify the inaccuracy, error or defect to be corrected:

6. Corrected portion(s) of the document in like format:  
**For more space, attach additional sheets of this size.**

7. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. **All signatures must be in BLACK INK.**

Dated \_\_\_\_\_, \_\_\_\_\_  
Month Day Year Exact Name of Corporation

\_\_\_\_\_  
Any Authorized Officer's Signature

\_\_\_\_\_  
Name and Title (type or print)