Requestor's Name Address Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Will wait Certificate of States Mail out Photocopy AMENDMENTS NEW-FILINGS Profit Amendment Resignation of R.A., Officer/Director NonPfofit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION = Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other T.SMITH OCT 28 1998

Examiner's Initials

