Requester's Name Address City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	occurrent including (in mown).	
1.	700003415137	-6
(Corporation Name)	(Document #) -10/05/00 -91081 002 *****105.00 *****35.0	00
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3. (Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up ti	me Certified Cony	
☐ Mail out ☐ Will wait	Photocopy Certificate Status	
NEW FILINGS	<u>AMENDMENTS</u>	
☐ Profit	☐ Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report	- Greign	-
☐ Fictitious Name	Limited Partnership	
	Reinstatement	
	Trademark	
	Other TEROWN OCT 1 0 2000	
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	Examiner's Initials	- 1

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Division of Corporations