



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)