



Email: npc@ago.mo.gov *or*

Mail: Missouri Attorney General's Office, Attention: NPC Unit • 815 Olive, Suite 200 • St. Louis, MO 63101

Corporation Information

NAME _____ CHARTER NUMBER _____

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 ANTICIPATES FILING 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 _____ CHARTER NUMBER _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____ CHARTER NUMBER _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____ CHARTER NUMBER _____

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 _____	CHARTER NUMBER _____	
RECIPIENT'S ADDRESS _____	CITY _____	STATE _____	ZIP _____

ASSET _____	RECIPIENT'S NAME _____	CHARTER NUMBER _____	
RECIPIENT'S ADDRESS _____	CITY _____	STATE _____	ZIP _____

ASSET _____	RECIPIENT'S NAME _____	CHARTER NUMBER _____	
RECIPIENT'S ADDRESS _____	CITY _____	STATE _____	ZIP _____

ASSET _____	RECIPIENT'S NAME _____	CHARTER NUMBER _____	
RECIPIENT'S ADDRESS _____	CITY _____	STATE _____	ZIP _____

CHECK HERE IF THE CORPORATION WAS ORGANIZED AND OPERATES AS A CHURCH.

Verification Statement

NAME _____ PHONE NO. () -

EMAIL _____

ADDRESS _____
Street City State Zip County

SIGNATURE _____ DATE _____
(MM-DD-YY)



Notice **Instructions**

FROM THE MISSOURI ATTORNEY GENERAL'S OFFICE

Before completing this form, please read these instructions.

1. When a Missouri nonprofit corporation that is a public benefit corporation intends to dissolve, it must give the attorney general written notice at or before it delivers the articles of dissolution to the secretary of state. This notice must include a copy or summary of the plan of dissolution. § 355.676.1, RSMo. A nonprofit corporation may satisfy this requirement by submitting this completed form.
2. Complete all sections of the form. If a section is not applicable, state this, and specify the reason. Incomplete forms may delay processing.
3. If you require more space, please attach additional pages. Reference the relevant section on the top of each page.
4. Submit this form by email to: npc@ago.mo.gov *or*

Mail to: Missouri Attorney General's Office
NPC Unit
815 Olive, Suite 200
St. Louis, MO 63101
5. Please submit this form to the attorney general at least 20 days before the transfer or conveyance of assets as part of the dissolution.
6. In addition to this form, after the transfer or conveyance is complete, please submit to the attorney general a list showing those, other than creditors, to whom the assets were transferred, including the address of each entity that received assets and what assets each received.
7. If you have any questions, please contact the Nonprofit Corporations Unit at 314-340-7868.