

**MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF COMMERCIAL SERVICES**

Date Received

(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name		
Address		
City	State	Zip Code

EFFECTIVE DATE:

↶ Document will be returned to the name and address you enter above. ↷
If left blank document will be mailed to the registered office.

**CERTIFICATE OF TERMINATION OF REGISTRATION OF CORPORATE NAME
For use by Foreign Profit Corporations**

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned corporation executes the following Certificate:

1. The name of the corporation is:

2. The identification number assigned by the Bureau is:

3. The mailing address of the corporation is:

4. The jurisdiction of its incorporation is: _____

The date it was incorporated in that jurisdiction is: _____

5. The Registration of Corporate Name filed on the _____ day of _____, _____, is hereby terminated.

Signed this _____ day of _____, _____

By _____
(Signature of an authorized officer or agent)

(Type or Print Name)

Preparer's Name _____

Business telephone number _____

INFORMATION AND INSTRUCTIONS

1. The Certificate of Termination of Registration of Corporate Name cannot be filed until this form, or a comparable document, is submitted.
2. Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

3. This Certificate is to be used pursuant to Section 1056 of Act 284, P.A. of 1972, to terminate a corporate name registered by a foreign profit corporation.
4. Item 2 - Enter the identification number assigned by the Bureau. If this number is unknown, leave it blank.
5. This Certificate must be signed by an authorized officer or agent of the corporation.
6. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include corporation name and identification number on check or money order **\$10.00**

To submit by mail:

Michigan Department of Consumer & Industry Services
Bureau of Commercial Services
Corporation Division
7150 Harris Drive
P.O. Box 30054
Lansing, MI 48909

To submit in person:

6546 Mercantile Way
Lansing, MI
Telephone: (517) 241-6400

Fees may be paid by VISA or Mastercard when delivered in person to our office.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6420, or visit our website at <http://www.cis.state.mi.us/bcs/corp/>
Customer with MICH-ELF Filer Account: Send document to (517) 241-9845.