



Prescribed by **J. Kenneth Blackwell**

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 Yes

CERTIFICATE OF DISSOLUTION BY TRUSTEES OF

FIRST: _____
(Exact Name of Corporation)

(Charter Number)

_____, who is _____
(name) (title)

of the above named Ohio Not for Profit corporation, articles of incorporation of which were filed in the office of the Secretary of State on _____ do hereby certify that:

SECOND: The place where its principal office in Ohio is or is to be located is :
_____, Ohio _____
(city, township, or village) (county)

THIRD: The names and complete street addresses of the TRUSTEES are:
(A P.O. Box address cannot be accepted.)

NAME	STREET	CITY & STATE	ZIP CODE

FOURTH: The names and complete street addresses of the OFFICERS are:
(A P.O. Box address cannot be accepted.)

NAME	STREET	CITY & STATE	ZIP CODE

J. Kenneth Blackwell
Secretary of State

FIFTH: The name and Ohio address of the statutory agent is:

_____ (name) _____ (street and number)
_____, Ohio _____
(city, village or township) (zip code)
(A P.O. Box address cannot be accepted.)

NOTE: IF the statutory agent listed in item "FIFTH" has changed or differs from the agent currently appearing on the corporate records in the Secretary of State's office, the named agent must acknowledge and accept the appointment as statutory agent.

ACCEPTANCE OF APPOINTMENT

The undersigned, _____, named herein as the statutory agent for the corporation named herein, hereby acknowledges and accepts the appointment as statutory agent for said corporation.

(Signature of Statutory Agent)

SIXTH: The undersigned have been authorized to execute and file this certificate by a resolution of the Trustees adopted pursuant to Section 1702.47 (C) (____) (must insert proper para. #) of the Revised Code:

(Check one of the following)

- at a meeting duly called and held on _____
- in writing signed by all of the trustees pursuant to Section 1702.47 of the Revised Code, declaring that the corporation elects to wind up its affairs and dissolve.

IN WITNESS WHEREOF, the above signed officer acting for and on behalf of the corporation have hereunto subscribed his/her names on _____

Signature: _____
(Authorized Officer)
Name: _____



J. Kenneth Blackwell

Prescribed by:
J. Kenneth Blackwell
Secretary of State
30 East Broad St. 14th Floor
Columbus, Ohio 43266-0418

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1702.47 (G)(5) O.R.C.)

(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1702.47 of the Ohio Revised Code.

AGENCY	DATE NOTIFIED
1. Ohio Department of Taxation Dissolution Section Box 182382 Columbus, Ohio 43218-2382	_____
2. Ohio Bureau of Employment Services Status & Liability Section 145 S. Front St. Columbus, Ohio 43215	_____
3. The treasurer of any County named below: _____ _____ _____	_____ _____ _____

(Note: This affidavit must be signed by one or more persons executing the certificate of surrender or by an officer of the corporation.)

Signature: _____ Title: _____

Name: _____

(Complete street address)

(City)

(State)

(Zip)

Sworn before me and subscribed in my presence on _____
(date)

(Notary Public)

(Seal)

Commission expires _____



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AFFIDAVIT OF PERSONAL PROPERTY

STATE OF OHIO

COUNTY OF _____ :SS

_____, being first duly sworn, deposes and says that she/he is
_____ of _____, that this affidavit is made in
(title)

compliance with section _____ of the Ohio Revised Code;
(Section #)

That said corporation has
(Check one of the following)

personal property only in the following county(ies)
_____, _____, _____, _____

has no personal property in any county in the State of Ohio:

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: _____

Name: _____

Sworn before me and subscribed in my presence on _____
(date)

(Seal)

(Notary Public)

Commission expires _____