

Filing Fee \$90.00

**FOREIGN
BUSINESS CORPORATION**

STATE OF MAINE

APPLICATION OF WITHDRAWAL

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
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(Name of Corporation)

Pursuant to [13-C MRSA §1521](#) or [§1523](#), the undersigned foreign corporation executes and delivers the following Application of Withdrawal:

FIRST: The jurisdiction of its incorporation is _____.

SECOND: The date on which it was authorized to do business in the State of Maine is _____.

THIRD: The foreign corporation is not transacting business in this State and that it surrenders its authority to transact business in this State.

FOURTH: (For Foreign Corporation Upon Conversion to a Nonfiling Entity):
The type of other entity to which the foreign business corporation has been converted is _____
_____ and the jurisdiction whose laws govern its internal affairs is _____.

FIFTH: The foreign corporation revokes the authority of its registered agent to accept service on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in this State.

The mailing address to which the Secretary of State may mail a copy of any process served on the Secretary of State:

(street, city, state and zip code)

SIXTH: The foreign corporation is committed to notify the Secretary of State in the future of any change in its mailing address.

DATED _____ ***By** _____
(signature of any duly authorized officer)

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized officer. ([13-C MRSA §121.5](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)