

Form 564 Prescribed by:

Jon Husted Ohio Secretary of State

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www.OhioSecretaryofState.gov busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 1329 Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional \$100.00)

P.O. Box 1390 Columbus, OH 43216

Certificate of Surrender Foreign Licensed Corporation

(For-Profit or Nonprofit Foreign Corporation)
Filing Fee: \$50
(143-SUR)

Complete the following information.	
The foreign corporation, listed below, surrenders its license to transact business in Ohio.	
Name of Corporation	
Jurisdiction of Formation	
Ohio License Number	
The address to which the secretary of state may mail any process against such corporation that may be served up the secretary of state, and may mail any other notices, certificates, or statements:	on
Mailing Address	
City State ZIP Code	

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.			
Required			
Must be signed by an authorized		1	
officer, or by the receiver,			
trustee in bankruptcy,	Signature		
or other liquidator of such corporation.		ı	
corporation.			
If authorized representative	By (if applicable)	•	
is an individual, then they			
must sign in the "signature"			
box and print their name in the "Print Name" box.	Print Name		
in the Print Name box.			
If authorized representative			
is a business entity, not an			
individual, then please print			
the business name in the	Signature		
"signature" box, an authorized representative	olg.lataro		
of the business entity			
must sign in the "By" box	By (if applicable)		
and print their name in the	by (II applicable)		
"Print Name" box.			
	Print Name		
	Signature		
	By (if applicable)		
	Print Name		
	I fint Name		

Complete the information in this section.

AFFIDAVIT BY A FOREIGN CORPORATIONIn lieu of dissolution releases from various governmental authorities (ORC section 1703.17(D)).

gency	Date Notified	Agency	Date Notified
nio Department of Taxation ssolution Section 85 Northland Ridge Blvd. blumbus, Ohio 43229		Ohio Job & Family Service Status and Liability Section Data Correspondence CorFax: 614-752-4 Phone: 614-466-2 Overnight: P.O. Box 182413 Columbus, OH 43218-241	n Introl 1811 18319 Regular: P.O. Box 182413
easurer		Notified	
e treasurer of any county named	d below:		
te: This officiavit must be signed	I by a paragraph avaguting	the portificate of ourrender or	by an officer of the corporation
te : This affidavit must be signed	I by a person executing	the certificate of surrender or	by an officer of the corporation.
	I by a person executing		by an officer of the corporation.
	I by a person executing	the certificate of surrender or	by an officer of the corporation.
Signature	I by a person executing		by an officer of the corporation.
Signature	I by a person executing		by an officer of the corporation.
Signature	I by a person executing		by an officer of the corporation.
Signature	I by a person executing		by an officer of the corporation.
Signature	I by a person executing		by an officer of the corporation.
Signature Name Mailing Address	I by a person executing	Title	
Signature Name Mailing Address	I by a person executing		by an officer of the corporation.
Signature Name Mailing Address City		Title	
Signature Name Mailing Address City		Title	
Signature Name Mailing Address City knowledged before me and subs		State on Date	Zip Code
Mailing Address		State on Date	

Complete the information in this section. AFFIDAVIT OF PERSONAL PROPERTY

State of	
County of S	S:
Name of Officer	, being first duly sworn, deposes and says that she/he is
Title of Officer	of Name of Corporation
and this affidavit is made in compliance with	th section 1703.17 of the Ohio Revised Code. of the following)
☐ A. Has no personal propert	ty in any county in the State of Ohio the following county(ies)
nd that the net assets of said corporation	are sufficient to pay all personal property taxes accrued to date.
Signature:	Title:
Acknowledged before me and subscribed i	in my presence on Date
Seal	Notary Public
Expiration date of Notary Public's Commiss	sion Date