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53-01

KANSAS SECRETARY OF STATE

For-Profit Corporation Dissolution by Written Consent

CONTACT: **Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

Above space is for office use only.

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INSTRUCTIONS: *All information must be completed or this document will not be accepted for filing.*
Please read instructions before completing.

1. Business entity ID number: *This is not the Federal Employer ID Number (FEIN)*	_____
2. Name of corporation: *Name must match the name on record with the Secretary of State*	_____

3. Name and mailing address of each officer:
Do not leave blank

If additional space is needed please provide an attachment

1)_____
   Name

   Mailing address   *City*   *State* *Zip* *Country*

2)_____
   Name

   Mailing address   *City*   *State* *Zip* *Country*

3)_____
   Name

   Mailing address   *City*   *State* *Zip* *Country*

4. Name and mailing address of the board of directors:
Do not leave blank

If additional space is needed please provide an attachment

1)_____
   Name

   Mailing address   *City*   *State* *Zip* *Country*

2)_____
   Name

   Mailing address   *City*   *State* *Zip* *Country*

3)_____
   Name

   Mailing address   *City*   *State* *Zip* *Country*

5. All stockholders with voting power do hereby consent to the dissolution of the corporation:

Stockholders' signatures

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

6. Effective date:
A future effective date must be within 90 days of filing date

☐ **Upon filing**

☐ **Future effective date** _____
  Month   Day   Year

7. I, _____, **declare under penalty of perjury under the laws of the state of**
Name of officer

Kansas, that I am an officer of the above-named corporation, that the above consent has been signed by or on behalf of ALL stockholders entitled to vote on the dissolution, that the foregoing is true and correct and that I have remitted the required fee.

_____   _____
Signature of secretary or other officer   *Date (month, day, year)*

_____
Name of signer (printed or typed)

ⓘ Instructions:

☐ 1. If this form is submitted after the close of the entity's tax year, an annual report and fee must be filed along with or prior to dissolution. If the entity has forfeited, it must reinstate before dissolution.

☐ 2. Submit this form with the **$35** filing fee.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a $25 service fee for all checks returned by your financial institution.*
All information must be completed or this document will not be accepted for filing.