



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Foreign Profit Corporation Withdrawal Application Checklist

The attached application must be filled out in its entirety. All fields with an asterisk * are required.

You must attach the following clearances to your application.

1. ***Certificate of No Tax Due** - Issued by the Department of Taxation and Revenue
2. ***Certificate of Compliance** - Issued by the Department of Workforce Solutions

The filing fee is \$50. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

Mail entire application along with the required information listed above to:

New Mexico Secretary of State

Business Services Division

325 Don Gaspar, Suite 300

Santa Fe, NM 87501



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Type or Print Legibly
\$50 Filing Fee

Foreign Profit Corporation

Application for Certificate of Withdrawal

The undersigned corporation, in order to apply for a Certificate of Withdrawal under the New Mexico Business Corporation Act, submits the following statement:

1. *The **business ID number, name, and DBA name(s)** of the corporation:

2. *It is incorporated under the laws of:

3. The corporation is not transacting business in New Mexico. It surrenders its authority to transact business in New Mexico. It revokes the authority of its registered agent for service of process in New Mexico. It consents that services of process in any action, suit or proceeding based upon any cause of action arising in New Mexico may thereafter be made on such company by service upon the Secretary of State of New Mexico.

4. *The mailing address to which any service of process can be forwarded to is: (Must be a physical address at which process can be served)

5. *The aggregate number of shares which the corporation has the authority to issue **and** the number of shares that have been issued, itemized by class and series, if any, within each class is: (attach schedule if needed)

(A) *Authority to Issue

(B) *Have been issued

6. *I confirm that corporation has resigned as a registered agent or is not currently a registered agent for any entity registered in New Mexico.

*Executed Date:

*Printed Name and Title of Authorized Officer

*Signature of Authorized Officer

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.STATE.NM.US



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Document Delivery Instruction Form

Please fill out in its entirety

Contact Name: _____

Contact Phone Number: _____

Attention: _____

Mailing Address: _____

City

State

Zip code

Email Address: _____

All documents will be emailed to the email address listed. If an email address is not provided the documents will be mailed to the address listed.

check if you choose to pick up your documents

Documents listed for pick up must be picked up within five business days or documents will be emailed.

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