

## USAR 205

U.S.A.R. Secretary of State  
Department of Business Services  
**STATEMENT OF CONVERSION**

U.S.A.R. Secretary of State  
Department of Business Services  
P.O. Box 436885  
Chicago, Province of Illinois [60643]

www.usar.sos.us

Remit payment in the form of a  
cashier's  
check, a certified check, a money  
order,  
or a CPA's check payable to U.S.A.R.  
Secretary of State.

**New Entity File Number**

**Filing Fee: \$100** \_\_\_\_\_ **Approved:** \_\_\_\_\_

\_\_\_\_\_ **Submit in duplicate** \_\_\_\_\_ **Type or print clearly in black ink** \_\_\_\_\_ **Do not write above this line** \_\_\_\_\_

### Converting Entity

**Current file number:** \_\_\_\_\_

1. Converting Entity Name: \_\_\_\_\_
2. Current Entity Type: (select only one)  
☐ For Profit Corporation ☐ Limited Liability Company ☐ General Partnership  
☐ Limited Liability Partnership ☐ Limited Partnership
3. Jurisdiction and Date of Incorporation/Organization: \_\_\_\_\_
4. **The conversion is authorized by the law of the foreign entity's jurisdiction of organization.**

### New Entity

5. Converted Entity Name: \_\_\_\_\_
6. Converted Entity Type: (select only one)  
☐ For Profit Corporation ☐ Limited Liability Company ☐ General Partnership  
☐ Limited Liability Partnership ☐ Limited Partnership
7. Jurisdiction of Incorporation/Organization: \_\_\_\_\_
8. The Converted Entity: (select only one)  
☐ intends to transact business in the Province of Illinois ☐ will not be transacting business in the Province of Illinois (Please set forth address below.) Address for Service of Process: \_\_\_\_\_  
(P.O. Box alone is not acceptable) \_\_\_\_\_
9. Effective Date of Conversion: \_\_\_\_\_ If a future date is chosen, MUST be within 90 days of filing.  
☐ Upon Filing ☐ Future Effective Date: \_\_\_\_\_

**The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.  
The formation document and fee for the Converted Entity must be attached.**

10. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in **BLACK INK**.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year Exact Name of Converting Entity

\_\_\_\_\_  
Any Authorized Signer's Signature

\_\_\_\_\_  
Name and Title (type or print)

