

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 805 ILCS 10/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Professional Service Corporation
SUPPLEMENTAL RENEWAL APPLICATION
PLEASE TYPE OR PRINT LEGIBLY.

This form must be completed and sent with the renewal application for a professional service corporation license. A separate application must be submitted for each business location in Illinois listed in the purpose clause of the Articles of Incorporation filed in Illinois. If the company is using more than one d/b/a and the address is different than that of the parent company, then a new application is required for each additional d/b/a filed with the Illinois Secretary of State. Applications are available at www.idfpr.illinois.gov under Division of Professional Regulation.

1. PRINT CORPORATION NAME EXACTLY AS IT APPEARS ON THE LICENSE BEING RENEWED.	2. LICENSE NUMBER 060 - _____
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3. OFFICE ADDRESS (Include number, street, city, state and ZIP code)	4. FEIN NUMBER _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
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5. List all shareholders, directors, and officers of the above-named corporation as of December 31 of the current calendar year. If any name or address is different from that filed in December of the last calendar year, please check the appropriate box along the left-hand column. All shareholders, directors, and officers must be actively licensed in Illinois, except the secretary of the corporation. (If additional space is needed, use the reverse side of this form.)

√	NAME	RESIDENCE ADDRESS	PROFESSIONAL LICENSE NUMBER

I hereby certify under penalty of perjury all shareholders, directors, and officers duly licensed to render the same professional services as those for which the corporation was organized, and I further certify that the above information is true and correct to the best of my knowledge and belief. I also attest that the professional service corporation listed above in box 1 with license number in box 2 is in good standing with the Illinois Secretary of State.

_____ Signature of President or other Officer	_____ Print Name of President or other Officer
_____ Date	_____ Required Office Email