

# Instructions for properly completing a Filing Memo

Mark the appropriate priority box. (Additional Expedited Cost)

Fees:	Priority 1 (One hr) -	\$1000.00
	Priority 2 (Two hr) -	\$ 500.00
	Priority 3 (Same Day) -	Varies – Please contact our Office
	Priority 4 (24 hour) -	Varies – Please contact our Office

## Submitters Information

1. Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed.
2. The account number is only to be completed by entities that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

## Filing Information

Complete the name of the entity and the entity file number. If you do not have the file number, you may leave it blank.

## Method of Return

All documents are returned Regular Mail or you can provide a Fed-X or UPS account number for express mail. Please mark the appropriate method of return.

## Credit Card Information

All credit card information must be completed. If the credit card information is not the same as it is listed with the submitter's information, then please specify the correct information in the comments/filings instruction area on the bottom right hand side of the memo. You must also include your 3-4 digit security code on the back of the card.

**Please contact our office at 302-739-3073 with any questions or for verification of fees.**

Return forms and memos to:

Delaware Division of Corporations  
401 Federal Street - Suite 4  
Dover, DE 19901

# State of Delaware - Division of Corporations

## DOCUMENT FILING SHEET - Fax# 302/739-3812

Priority 1  
(One hr)

Priority 2  
(Two Hr.)

Priority 3  
(Same Day)

Priority 4  
(24 Hour)

Priority 7  
(Reg. Work)

### SUBMITTER'S INFORMATION

Company/Firm or Individual's Name \_\_\_\_\_  
Return Address \_\_\_\_\_  
City - State - Zip \_\_\_\_\_  
Attention: \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Account Number \_\_\_\_\_

### DO NOT WRITE IN THIS SPACE

**EACH REQUEST MUST BE SUBMITTED AS A SEPARATE ITEM WITH THIS FILING SHEET AS THE FIRST PAGE OF EACH SUBMISSION.**

### DOCUMENT FILING REQUEST INFORMATION

Name of Company/Entity \_\_\_\_\_  
File Number \_\_\_\_\_ Reservation Number \_\_\_\_\_  
Type of Document \_\_\_\_\_  
Check if document is:  
Changing Name \_\_\_\_\_ Changing Registered Agent \_\_\_\_\_ Changing Stock \_\_\_\_\_

### OTHER DOCUMENT FILING INFORMATION

# of Certified Copies returned \_\_\_\_\_  
Other requests \_\_\_\_\_  
Check # \_\_\_\_\_ Total \$ enclosed \_\_\_\_\_

### METHOD OF RETURN

\_\_\_\_ Messenger/Pick up  
\_\_\_\_ Express Service Delivery  
Acct# \_\_\_\_\_  
\_\_\_\_ Regular Mail  
\_\_\_\_ Other  
~~Fax or e-mail is not available.~~

### CREDIT CARD INFORMATION

(Visa, MasterCard, American Express & Discover Card Only)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Expiration Date - \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec. Code \_\_\_\_\_

### INSTRUCTIONS

1. Visit [corp.delaware.gov/cvrmemo.shtml](http://corp.delaware.gov/cvrmemo.shtml) for complete instructions on how to properly complete this memo.
2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square. .

### COMMENTS/FILING INSTRUCTIONS