



STATE OF ILLINOIS
**TRADEMARK OR SERVICEMARK
 APPLICATION FOR CHANGE
 OF NAME AND/OR ADDRESS OF REGISTRANT**

Complete and Return with \$5 Recording Fee
Must be typewritten or legibly printed in black ink

1. Old Name of Present Owner _____

2. Old Business Address _____
Street

_____ *City* *State* *ZIP Code*

3. Is present owner a **(check one)**

Corporation Union General Partnership Limited Liability Partnership (LLP)

Individual Association Limited Partnership (LP) Limited Liability Company (LLC)

Other (specify) _____

4. A. If a **Corporation, LP, LLP, or LLC**, in what state is it organized? _____

B. If an **LP or LLP**, what is the name of one of the general partners? _____

5. Registration Number _____ and Name of mark _____

6. New name of present owner _____

and/or

7. New business address _____
Street

_____ *City* *State* *ZIP Code*

The undersigned hereby declares, under penalty of perjury, that the statements made in the foregoing application are true.

X _____
Signature of Applicant

Type or Print Name of Applicant

Official Capacity

RETURN TO:
 Secretary of State's Office
 Department of Business Services
 Trademark Division
 3rd Floor, Howlett Building
 Springfield, IL 62756

(217) 524-0400
<http://www.cyberdriveillinois.com>