

**Office of the Minnesota Secretary of State**  
**Minnesota Business Corporation | Intent to Dissolve**  
*Minnesota Statutes, Chapter 302A.721*



**Read the instructions before completing this form.**

**Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail**

1. File Number: \_\_\_\_\_

2. Name of Corporation: (Required)

\_\_\_\_\_

3. The requisite vote of the shareholders approving the resolution to commence dissolution was approved, or the requisite shareholders entitled to vote signed a written action.

**Check and Complete One of the Following Options:** (Required)

Date and Place of Shareholders' Meeting

\_\_\_\_\_ *(Date of shareholders' meeting)*

\_\_\_\_\_ *(List the place where the shareholders' meeting was held)*

**OR**

Approved by Written Action

\_\_\_\_\_ *(Date written action authorized Intent to Dissolve)*

4. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

\_\_\_\_\_  
Signature of Authorized Person or Authorized Agent

\_\_\_\_\_  
Date

**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

\_\_\_\_\_  
 Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime phone number of a person who can be contacted about this form:**

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone Number

## INSTRUCTIONS

**File your business document online by visiting our website at [www.sos.mn.gov](http://www.sos.mn.gov).**

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

Note: Filing the Intent to Dissolve DOES NOT dissolve the corporation. It provides notice that the company is in the process of dissolving. In order to complete the dissolution you need to file Articles of Dissolution under *Minnesota Statutes*, sections 302A.7291 or 302A.727.

- 1. File Number:** Provide the file number issued by the Minnesota Secretary of State.
- 2. Name of Corporation:** (Required) List the corporate name on file with the Office of the Secretary of State.
- 3. Check and Complete One of the Following Options:** (Required) Select one of the following options for filing the Intent to Dissolve. If a shareholder's meeting was held, check and complete the date and place of the shareholder's meeting. If the Intent to Dissolve was approved by an unanimous written action, check and complete the date that the Intent to Dissolve was signed.
- 4. Authorized Signature:** (Required) Must be signed by someone authorized by the corporation or Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

**Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail  
Payable to the MN Secretary of State**

Please submit all items together and mail to the address below:

**FILE IN-PERSON OR MAIL TO:**

Minnesota Secretary of State - Business Services  
First National Bank Building  
332 Minnesota Street, Suite N201  
Saint Paul, MN 55101

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.