

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 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