

**Delaware Division of Corporations**  
**401 Federal Street – Suite 4**  
**Dover, DE 19901**  
**Ph: 302-739-3073**  
**Fax: 302-739-3812**

**Certificate of Correction**

Dear Sir or Madam:

Enclosed please find a form for a Certificate of Correction to be filed in accordance with the General Corporation Law of the State of Delaware. The fee to file the Certificate is determined by the Certificate you are correcting. Please contact our office concerning the correct fee. You are also required to pay county assessment fees. A copy of this schedule is enclosed for your use. Expedited services are available.

Please make your check payable to the “Delaware Secretary of State”. For the convenience of processing your order in timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl.  
Rev. 08/05

**STATE OF DELAWARE  
CERTIFICATE OF CORRECTION**

\_\_\_\_\_, a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware.

**DOES HEREBY CERTIFY:**

1. The name of the corporation is \_\_\_\_\_.
2. That a Certificate of \_\_\_\_\_  
(Title of Certificate Being Corrected)  
was filed by the Secretary of State of Delaware on \_\_\_\_\_  
and that said Certificate requires correction as permitted by Section 103 of the General Corporation Law of the State of Delaware.
3. The inaccuracy or defect of said Certificate is: (must be specific)
  
4. Article \_\_\_\_\_ of the Certificate is corrected to read as follows:

**IN WITNESS WHEREOF**, said corporation has caused this Certificate of Correction this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

By: \_\_\_\_\_  
Authorized Officer  
Name: \_\_\_\_\_  
Print or Type  
Title: \_\_\_\_\_

*Special Instructions – Certificate of Correction:*

*Please note that this document was created to be used as a Template only. Please note the following on what information is to be included in each article.*

- 1. The current name of the corporation.*
- 2. The type of document that the correction is being used for. (i.e. – Correcting a Certificate of Amendment)*
- 3. List the exact inaccuracy or defect that was listed in the original document.*
- 4. Decide which of the 3 options apply. If the document being corrected is to be cancelled, then the statement “The Certificate of (document type) is hereby rendered null and void.”*

*Make sure that the document is executed by the appropriate Officer and be sure to include their title in the execution part of our form. Please call 302-739-3073 with any questions.*

*Sincerely,*

*Delaware Division of Corporations*