

**CERTIFICATE OF RESIGNATION OF REGISTERED AGENT FOR**

\_\_\_\_\_  
(Corporation)

(FOR USE BY REGISTERED AGENTS OF DOMESTIC OR FOREIGN CORPORATIONS)

To file electronically:

1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. *(See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.)*
2. Click the "Add Attachments" button to add attachments if required *(Check the field by field instructions to see if you must include an attachment(s)).*
3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form. *(This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application, you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)*

To: New Jersey Department of the Treasury, Division of Revenue & Enterprise Services

In accordance with the provisions of Section 14A:4-4(2), Corporations, General, of the New Jersey Statutes, I, \_\_\_\_\_ Registered Agent at

\_\_\_\_\_  
(No. and Street)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Zip Code)

the address of the registered office of the above-named corporation, incorporated under the laws of

\_\_\_\_\_  
DO HEREBY DECLARE that:

\_\_\_\_\_  
(Name of State)

1. I sent my resignation by certified mail, number \_\_\_\_\_, recorded at the  
(Cert. Mail #)

\_\_\_\_\_ Post Office with return receipt requested, to \_\_\_\_\_  
(City and State of Post Office) (Name)

being the last \_\_\_\_\_ of said corporation known to me, at the last address known to me at  
(President, Vice-Pres.) (Sec. or Treas.)

\_\_\_\_\_  
(No. and Street)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Zip Code)

Certified mail was  accepted by \_\_\_\_\_  not accepted

2. Attached is a copy of my resignation mailed on \_\_\_\_\_ (Omit if not applicable)  
(Date)

3. Service of notice of my resignation has not been made as required. Such service cannot be made because:

\_\_\_\_\_  
4. It is understood that my resignation shall become effective upon the expiration of 30 days after the filing of this certificate in the Office of the Treasurer or upon the designation by the corporation of a new registered agent, whichever is earlier. Beginning with the effective date of my resignation, this certificate is authorization for the Treasurer to accept service of process under N. J. S. 2A:15- 26 through N.J. S. A.2A:15-30 until the corporation files a certificate setting forth the name of a new Registered Agent.

\_\_\_\_\_  
(Signature of Agent of Record)

\_\_\_\_\_  
(Date)

NOTE: Pursuant to NJS 14A:4-3 and NJS 14A:4-3(4), failure to file a Certificate of Change of Registered Agent or Office or both may result in a penalty imposed by the State Attorney General.

Instructions for Form C-104E  
**CERTIFICATION OF RESIGNATION OF REGISTERED AGENT  
CORPORATIONS  
(Titles 14A and 15A)**

STATUTORY FEE:     **\$25**  
The MANDATORY review fields are:

***Business Name***

List the corporation name as it appears on the records of the Treasurer.

***Agent Name and Office***

List the registered agent name and office as they appear on the records of the Treasurer.

***Field #1 -- Declaration of Mailings***

Add a statement that indicates that copies of the resignation were sent via certified mail, return receipt requested to the last-known president, vice-president, treasurer or secretary. Include the following information: **certified mail number**; post office form which mailing was done; mailing address; and indication of whether the mailing was accepted or not, and if accepted, by whom. If the mailing was not accepted by any party, provide an explanation. Form 104E provides all of the necessary blanks and statements for these filing requirements.

***Field #2 -- Date That Resignation Was Mailed***

List the mailing date.

***Field #3 -- ATTESTATIONS***

Add a statement indicating:

- 1) an understanding that the resignation is effective 30 days after filing of the change form with the Division of Revenue, or upon the designation of a new agent/office by the affected corporation, whichever is earlier; and
- 2) that the Treasurer is the agent for service of process until a new agent is designated. Form 104E provides the requisite language.

***ATTACHMENTS***

Attach a copy of the resignation.

***EXECUTION***

The resigning agent must sign. Also, list the date of execution (signature).

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