

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to **SECRETARY OF STATE**

1. Corporate ID and Name:

FILE DATE _____
RECEIPT NO _____

Telephone # _____
FAX # _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional) _____ City _____ State _____ ZIP+4 _____

3. The name of the South Dakota Registered Agent _____

Street Address (Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional – Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

President Street Address _____ City _____ State _____ ZIP+4 _____

Vice President Street Address _____ City _____ State _____ ZIP+4 _____

Secretary Street Address _____ City _____ State _____ ZIP+4 _____

Treasurer Street Address _____ City _____ State _____ ZIP+4 _____

Director Street Address _____ City _____ State _____ ZIP+4 _____

Director Street Address _____ City _____ State _____ ZIP+4 _____

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)