

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

# ANNUAL REPORT DOMESTIC Cooperative

Please Type or Print Clearly in Ink

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

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.

1. Corporate ID and Name:

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.

\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_  
General Manager Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)