

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

ANNUAL REPORT Foreign

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 Authority was issued, and delinquent after the last day of the following month.

1. Corporate Name and Mailing Address:

2. The jurisdiction under whose law it is formed _____

3. 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

4. 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

5. 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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)