

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

# ANNUAL REPORT FOREIGN 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<br>the Certificate of Authority was issued,<br>and delinquent after the last day of the<br>following month. |

1. Corporate ID and Name: \_\_\_\_\_

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.

|                          |                          |                |      |       |       |
|--------------------------|--------------------------|----------------|------|-------|-------|
| <input type="checkbox"/> | _____<br>President       | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | _____<br>Vice President  | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | _____<br>Secretary       | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | _____<br>Treasurer       | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | _____<br>Director        | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | _____<br>Director        | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | _____<br>General Manager | Street Address | City | State | ZIP+4 |

Dated \_\_\_\_\_

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

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

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