

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

# NON-STOCK APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

## FOREIGN NONPROFIT CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

**FILING FEE: \$25** payable to SECRETARY OF STATE

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

**Application must be accompanied by a one page original certificate of existence issued by the Secretary of State or other official having custody of the corporate records in the state or country under whose law it is incorporated.**

1. The name of the corporation is \_\_\_\_\_  
\_\_\_\_\_

2. The name of the corporation as amended \_\_\_\_\_  
\_\_\_\_\_

3. State where incorporated \_\_\_\_\_

4. Date of its incorporation is \_\_\_\_\_

5. The period of its duration \_\_\_\_\_

6. The address of its principal office in the state or country under whose laws it is incorporated,

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

\_\_\_\_\_  
Mailing Address (Optional) City State ZIP+4

7. The South Dakota Registered Agent name \_\_\_\_\_

\_\_\_\_\_  
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

When listing a Commercial Registered Agent, please state their CRA #.  
This number can be obtained from the Commercial Registered Agent.

8. The purpose or purposes that the corporation is to engage in South Dakota.

9. 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"/>	_____	_____	_____	_____	_____
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Director	Street Address	City	State	ZIP+4

The application must be signed by an authorized officer of the corporation.

Dated \_\_\_\_\_

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

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

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