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

**AMENDED ANNUAL REPORT
FOREIGN NONPROFIT CORPORATIONS**
SDCL 47-27-18, 59-11-24, 47-1A-122

Please Type or Print Clearly in Ink

FILING FEE: \$25 Make check payable to SECRETARY OF STATE

FILE DATE _____

RECEIPT NO _____

1. Corporate ID and Name

Enter Corporate ID

Enter Corporate Name

Telephone # _____

2. The jurisdiction under whose law it is formed _____

3. The address of the principal executive office (business address).

Actual Street Address or Rural Route Box Number City State ZIP+4

Mailing Address, if Different from Street Address City State ZIP+4

Email Address (Optional)

4. The name of the South Dakota Registered Agent _____

Actual Street Address or Rural Route Box Number in this State City State ZIP+4

Mailing Address in this State, if Different from Street Address City State ZIP+4

Email Address (Optional)

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

Principal Officer/Director/Governor Actual Street Address City State ZIP+4

6. Beneficial Interest (optional)

Owner Description of Ownership Percentage/Value

Owner Description of Ownership Percentage/Value

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated _____

(Signature of an Authorized Person)

Email _____
(Optional)

(Printed Name)