

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
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Mailing Address (Optional)	City	State	ZIP+4
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7. The South Dakota Registered Agent name _____

Street Address or Rural Route Box Number in This State	City	State	ZIP+4
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Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	_____
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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)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.