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ANNUAL REPORT FOREIGN COOPERATIVE

SDCL 59-11-24

Secretary of State Office
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Pierre, SD 57501
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FILING FEE: \$50 Make check payable to **SECRETARY OF STATE**
Effective July 1st, 2016: Late Fee: \$50 / Paper Filing Fee: \$15

1. Business ID and Name:

Enter Business ID

Enter Business Name

2. The jurisdiction under whose law it is formed _____

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

Actual Street Address _____ City _____ State _____ ZIP+4 _____

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

Email Address (Optional) _____

4. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name _____

Actual Street Address in this State _____ City _____ State _____ ZIP+4 _____

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

Email Address (Optional) _____

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

Commercial Registered Agent Name _____ CRA# _____

(c) Title of the office or other position with the business _____

Business Office's Actual Street Address 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 addresses of its principal officers or directors (governors) as per SDCL 47-17-14.

President	Actual Street Address	City	State	ZIP+4
Vice President	Actual Street Address	City	State	ZIP+4
Secretary	Actual Street Address	City	State	ZIP+4
Treasurer	Actual Street Address	City	State	ZIP+4
Other Principal Officer	Actual Street Address	City	State	ZIP+4
Other Principal Officer	Actual Street Address	City	State	ZIP+4
Other Principal Officer	Actual Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 47-15-51; 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name