

(NONPROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF

FILE NUMBER

[Empty box for Corporation Name]

[Empty box for File Number]

(Name of Corporation)

FOR THE FILING PERIOD OF [] TO []

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

[Large empty box for Resident Agent Information]

A FORM TO CHANGE RESIDENT AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE: secretaryofstate.biz

Important: Read instructions before completing and returning this form.

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to resident agent.)

1. Print or type names and addresses, either residence or business for all officers and directors. A **President, Secretary, Treasurer, or equivalent of and all Directors must be named.** There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the \$25.00 filing fee, if no capitalization. A \$50.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
5. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee** of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
6. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.
7. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$25.00 (IF NO CAPITALIZATION) LATE PENALTY \$50.00

NAME	TITLE(S)			
[]	PRESIDENT (OR EQUIVALENT OF)			
ADDRESS	CITY	ST	ZIP	
[]	[]	[]	[]	
NAME	TITLE(S)			
[]	SECRETARY (OR EQUIVALENT OF)			
ADDRESS	CITY	ST	ZIP	
[]	[]	[]	[]	
NAME	TITLE(S)			
[]	TREASURER (OR EQUIVALENT OF)			
ADDRESS	CITY	ST	ZIP	
[]	[]	[]	[]	
NAME	TITLE(S)			
[]	DIRECTOR			
ADDRESS	CITY	ST	ZIP	
[]	[]	[]	[]	

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X
Signature of Officer

Title [] Date []