



COMMERCIAL REGISTERED AGENT LISTING STATEMENT

State Form 56371 (8-17)

Approved by State Board of Accounts, 2017

SECRETARY OF STATE BUSINESS SERVICES DIVISION

302 West Washington Street, Room E018

Indianapolis, IN 46204

Telephone: (317) 232-6576

www.sos.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT** in **INK**.
 3. Please visit our office on the web at www.sos.IN.gov
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

NOTE: If the Commercial Registered Agent represents a large number of businesses, it is strongly recommended that you file this Commercial Registered Agent Listing Statement electronically.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business

E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name

Street address, line 1

Street address, line 2

City

State

ZIP code

Telephone number

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E-mail address (If different from above – SOS use only)





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Indiana Code 23-0.5-4-4
23-0.5-9-30

FILING FEE: \$30.00

The undersigned, desiring to register as a commercial registered agent with the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-4-4, executes the following Commercial Registered Agent Listing Statement.

ARTICLE I – REGISTERED AGENT INFORMATION

The commercial registered agent is a (choose one):

- ☐ Individual Commercial Registered Agent (Select this if the commercial registered agent is an individual or a general partnership.)
☐ Business Commercial Registered Agent (Select this if the commercial registered agent is an entity other than an individual or general partnership.
Please note: the entity must be registered with the Secretary of State's Office.)

Name of the commercial registered agent (The name of the commercial registered agent must be distinguishable on the records of the Secretary of State from the name of another commercial registered agent.)

If the commercial registered agent is an entity:

The name of the entity

The business identification number of the entity

The type of entity

The jurisdiction of formation of the entity

Provide an address of a place of business of the person in this state to which service of process being served on the represented entities may be delivered.

Number and street	City	State IN	ZIP code
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E-mail address of the registered agent at which the registered agent will accept electronic service of process

By filing this Commercial Registered Agent Listing Statement, the individual or the entity states that it is in the business of serving as a commercial registered agent in this state.

ARTICLE II – REPRESENTED ENTITIES

Please use the attached sheet to provide the legal name and business identification number of any entity represented by the commercial registered agent. Attach an additional separate sheet, if necessary.

ARTICLE III – SIGNATURE

In Witness Whereof, the undersigned individual or duly authorized representative of the entity executes this Commercial Registered Agent Listing Statement and verifies, subject to penalties of perjury, that the statements contained herein are true,

this _____ day of _____, 20_____.

Signature

Printed name

Title

REPRESENTED ENTITIES

Please use this sheet to provide the legal name and business identification number of any entity represented by the commercial registered agent. Attach an additional separate sheet, if necessary.

Note: If the Commercial Registered Agent does not list all of the businesses represented by it on this Commercial Registered Agent Listing Statement, the Commercial Registered Agent or the individual represented business will be required to file a Statement of Change of Registered Agent.

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