

Diego Morales SECRETARY OF STATE **BUSINESS SERVICES DIVISION**

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 234-9768 INBiz.in.gov

INSTRUCTIONS:

- 1. Use 8½" x 11" white paper for attachments.
 2. Please TYPE or PRINT LEGIBLY in INK. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms

 The state of the Secretary of State.
- 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)		
DETUDN DOCUMENTS TO		
RETURN DOCUMENTS TO:		
Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number	E-mail address (If different from above – SOS	use only)
()		



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.)	nt must be distinguishable on the records of t	he Secretary of State	from the name of						
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 s	ervice of process being served on the re	epresented entities r	may be delivered.						
Number and street	City	State IN	ZIP code						
E-mail address of the registered agent at which the registered agent will accept electron	nic service of process								
By filing this Commercial Registered Agent Listing Statement, the individual registered agent in this state.	or the entity states that it is in the busin	ess of serving as a	commercial						
ADTICLE II _ DEDD	SENTED ENTITIES								
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 represent	ative of the entity executes this Comme	ercial Registered Ag	ent Listing						
Statement and verifies, subject to penalties of perjury, that the statements co	ntained herein are true,								
this, 20									
Signature									
Printed name	Title								

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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. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.