



INDIANA BUSINESS ENTITY REPORT

State Form 48725 (R18 / 01-26)

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. All corporations must complete Articles I through VI and Article VIII.
2. All LLCs, Master LLCs, LLPs, and LPs must complete Articles I through V and Article VIII.
Series do not file Business Entity Reports.
3. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
4. For additional forms please visit in.gov/sos/business/division-forms
5. Make check or money order payable to the Secretary of State.
6. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

REQUIREMENTS: Professional Corporations must complete the professional license information below.

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

FOR PROFESSIONAL CORPORATIONS ONLY

Please complete the following section so the Indiana Secretary of State can verify licensing information.
Information for only one shareholder is required.

Name	Address (number and street, city, state, and ZIP code)	Profession	Indiana License Number	Status
				Shareholder





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Indiana Code 23-0.5-1.5-8
23-0.5-2-13
23-0.5-9-34
23-1.5-2-3

INSTRUCTIONS:

1. Domestic and Foreign For Profits, Limited Liability Companies (LLC), Limited Liability Partnerships (LLP), and Limited Partnerships (LP) pay a \$50 fee and file a report every other year (biennially).
2. Domestic and Foreign Nonprofit Corporations pay a \$20 fee and file a report every other year (biennially).
3. Series do not file a report.

Please visit INBIZ.in.gov to determine when your report is due. Biennial reports are due every other year in the anniversary month of the business forming.

ARTICLE I – ENTITY INFORMATION

Current entity name *	
<input type="checkbox"/> All business is conducted remotely from a governing person's residence, and the principal office address is a contact address. (If you check this box, leave the following line blank and include State Form 9900382 with your filing)	
Current principal office address (number and street, city, state, and ZIP code)	
* Entity name cannot be changed on this report.	

ARTICLE II – FILING YEAR

Current filing year	Past filing years reported on this form
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ARTICLE III – FORMATION INFORMATION

Date of formation / registration (month, day, year)	Jurisdiction of formation
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ARTICLE IV – ENTITY TYPE

Please check the appropriate type for your corporate entity.

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Ag Coop	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Master LLC	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Limited Liability Partnership (LLP)		

ARTICLE V – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

<input type="checkbox"/> Commercial registered agent	Name of registered agent (Do not provide address.)		
OR			
<input type="checkbox"/> Noncommercial registered agent	Name of registered agent		
Address (number and street)		City	State IN
(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process			
<input type="checkbox"/> By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Indiana Business Entity Report has consented to the appointment of Registered Agent.			

This section is **REQUIRED** for Corporations and Nonprofit Corporations.

This section is optional for Limited Liability Companies, Limited Liability Partnerships, and Limited Partnerships.

ARTICLE VI – GOVERNING PERSON INFORMATION (Officers, Directors, Principals, etc.)

By checking the box, I acknowledge that the governing person information has **NOT** changed.
If you check this box, please do not enter any information in the below fields.

Please indicate whether the name should be added, edited, or removed from the record. You must have at least one governing person on the record.

Name	Title (i.e. president, secretary, member, manager)	Action (Check one.)
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove
Address (number and street)	City	State ZIP code
<input type="checkbox"/> The address listed for this governing person is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 9900382 with your filing)</i>		PMB #
Name	Title (i.e. president, secretary, member, manager)	Action (Check one.)
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove
Address (number and street)	City	State ZIP code
<input type="checkbox"/> The address listed for this governing person is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 9900382 with your filing)</i>		PMB #
Name	Title (i.e. president, secretary, member, manager)	Action (Check one.)
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove
Address (number and street)	City	State ZIP code
<input type="checkbox"/> The address listed for this governing person is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 9900382 with your filing)</i>		PMB #
Name	Title (i.e. president, secretary, member, manager)	Action (Check one.)
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove
Address (number and street)	City	State ZIP code
<input type="checkbox"/> The address listed for this governing person is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 9900382 with your filing)</i>		PMB #

ARTICLE VIII – SIGNATURE

This section must be signed by a corporate officer, chairman of the board, registered agent, certified public accountant or an attorney employed by the entity or by a member or manager of the LLC.

In Witness Whereof, the undersigned executes this Indiana Business Entity Report and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature

Printed name