



# 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](http://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](http://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
				Shareholder
				Shareholder
				Shareholder
				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](http://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 \*

☐

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

## ARTICLE III – FORMATION INFORMATION

Date of formation / registration (month, day, year)

Jurisdiction of formation

## ARTICLE IV – ENTITY TYPE

Please check the appropriate type for your corporate entity.

- ☐ Business Corporation    ☐ Professional Corporation    ☐ Nonprofit Corporation    ☐ Ag Coop    ☐ Limited Liability Company (LLC)  
☐ Master LLC    ☐ Limited Partnership (LP)    ☐ 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](http://INBIZ.in.gov).

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

☐ Commercial registered agent

Name of registered agent (Do not provide address.)

OR

☐ Noncommercial registered agent

Name of registered agent

Address (number and street)

City

State

IN

ZIP code

(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

☐ 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. (If you check this box, include State Form 9900382 with your filing)		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. (If you check this box, include State Form 9900382 with your filing)		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. (If you check this box, include State Form 9900382 with your filing)		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. (If you check this box, include State Form 9900382 with your filing)		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