APPLICATION TO EXPAND THE ACTIVITY OF A FOREIGN CORPORATION ADMITTED TO DO BUSINESS IN THE STATE OF INDIANA
State Form 50278 (R / 2-26)
DEPARTMENT OF FINANCIAL INSTITUTIONS

DEPARTMENT OF FINANCIAL INSTITUTIONS
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ADMITTED BY
THE DEPARTMENT OF FINANCIAL INSTITUTIONS
OF THE STATE OF INDIANA

(SEAL)

(DATE)

(DIRECTOR)

APPLICATION TO EXPAND THE ACTIVITY OF A FOREIGN CORPORATION ADMITTED TO DO BUSINESS IN THE STATE OF INDIANA

The undersigned makes application to the Indiana Department of Financial Institutions to obtain an amended certificate of admission to transact business as a Foreign Corporation in Indiana pursuant to I.C. 28-1-22-15 et seq.

The following information is required:

NAME AND PRINCIPAL OFFICE
1. The name of the corporation is
2. The corporation is transacting business in Indiana under the name of
3. The post office address of the principal office of the corporation outside of the State of Indiana is Address City State Zip
4. The state or country where the corporation is incorporated is

NATURE OF BUSINESS

5. A description of the nature of business that the foreign corporation is currently transacting in Indiana under its Articles of Incorporation or Association is as follows:

6. A description of the nature of the **additional** business that the foreign corporation intends to carry on in Indiana under its Articles of Incorporation or Association is as follows:

REGISTERED AGENT AND OFFICE

7. The name and post office address of the foreign corporation's registered agent and registered office for service of legal process is as follows:

Name of Registered Agent

Address City State Zip

Signed and dated this _____ day of _____.

_____

President or Vice President

AND

_____

Secretary or Cashier

STATE OF_____)
) SS:
COUNTY OF_____)

On _____, _____ and _____personally appeared before me, a notary public, and after being sworn, stated that they are the duly authorized officers of _____ Corporation and swear that the attached and foregoing statements are true and correct and further acknowledge the execution of the foregoing instrument.

Witness my hand and Notarial Seal this _____ day of _____.

_____
(Written Signature)

(SEAL)

_____
(Printed Signature)

My Commission Expires:

_____

County of:

_____