

STATE OF ALABAMA

CORPORATION ANNUAL REPORT

PURPOSE: Under Section 10A-2A-16.11 of the Code of Alabama 1975, each corporation, and each foreign corporation authorized to transact business in this state, shall deliver to the Secretary of State for filing an annual report between January 1 and March 15.

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the **\$10.00** processing fee.

*You may email the form to miscellaneous.filings@sos.alabama.gov

*You may file the annual report online in the time it takes to type this request

*The annual report will not be recorded if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

***Changes will not be made to the entity details from this report. This is for annual report information ONLY.**

This form must be typed.

1. Alabama Entity ID Number (Format: 000-000-000): _____ - _____ - _____

2. Entity Legal Name: _____

3. The registered name of the entity **if** a fictitious name was used:

4. State/jurisdiction of formation: _____

5. Full date of formation (MM/DD/YYYY): _____ / _____ / _____

6. Street (**No PO Boxes**) address of principal office in the state/jurisdiction of formation: _____

Mailing address (if different from street address): _____

7. Nature of Business: _____

(For SOS Use Only)

This form was prepared by: (type name and full address)

[Empty box for preparer name and address]

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8. The Name of the registered agent in Alabama: _____

Street (**No PO Boxes**) address of registered office in Alabama: _____

Mailing address of registered office in Alabama (if different from street address): _____

9. The name of the President: _____

Street (**No PO Boxes**) address of President: _____

Mailing address of President (if different from street address): _____

10. The name of the Secretary: _____

Street (**No PO Boxes**) address of Secretary: _____

Mailing address of Secretary (if different from street address): _____

Report Year: _____

Signature of person authorized to sign per 10A-1-4.01

(MM/DD/YYYY) Date

Typed name of signature above

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

Service Requested: \$10.00 Annual Report filing fee

Hold at front desk or return via email to: _____

There is no notification service/call for pick-up.

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____

and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: _____ / _____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____

Street or PO Box

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder