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REGISTERED AGENT CONTACT INFORMATION FORM

Company Name:

Is this a Benefit Corporation? ☐ Yes ☐ No

Principal business office address ***(required)*:**

Your Reference Information (OPTIONAL)

Client/Matter Number:

Name of Partner/Attorney in Charge

Telephone: **Fax:**

Affiliated/Parent Company (if applicable)

State(s) where this entity is appointing NCR as Agent:

Fiscal Year *(to ensure correct calculation of next annual/periodic report due date in Entity Central® for certain states):* _____

LEGAL MATTERS TO:

Company/Firm:

Address:

City, State, Zip:

Contact Person's Name** ***(see note):

Phone:

Fax:

Email Address:

AVOID COSTLY TAX DELINQUENCIES OR DELAYS IN DELIVERY OF SERVICE OF PROCESS BY COMPLETING AND RETURNING THIS FORM IMMEDIATELY

TAX NOTICES TO: ☐ *check if same as above*

Company/Firm:

Address:

City, State, Zip:

Contact Person's Name

Phone:

Fax:

Email Address:

RENEWAL INVOICES TO: ☐ *check if same as above*

Company/Firm:

Address:

City, State, Zip:

Contact Person's Name

Phone:

Fax:

Email Address:

IMPORTANT NOTE:** There are several states, including Delaware, that require by statute that the Registered Agent maintain in their records the name, address and phone number of a ***natural person (i.e., John Smith) or records maintenance person as the "Communications Contact" for the entity for law enforcement purposes. **WE WILL CONSIDER YOUR DESIGNATED CONTACT PERSON FOR *LEGAL MATTERS* TO BE THE COMPANY'S "COMMUNICATIONS CONTACT" FOR THIS PURPOSE unless you check the box below and indicate otherwise.**

❑ Communications Contact is:
Person's Name:
Company:
Address:

City:
State: Zip:
Phone:
Fax:
e-mail address:

Your Name (required):_____ **Phone:**_____ **Date:**_____

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