



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

Registered Agent Mass ADDRESS Change

All Registered Agent Types

- This Registered Agent Mass ADDRESS form is for updating only the registered agent's physical and/or mailing address(s) on three (3) or more related entities in which they are the registered agent on record.
- This form cannot be used to make any other update, such as agent resignation or agent change.
- The registered agent must attach a list of related entities whose registered agent's physical and/or mailing address(s) will be updated as a result of this filing.
- TIP: Compare your list to our list. The registered agent is encouraged to compare their list of related entities with this office's list of related entities. To view this office's list of related entities go to www.Corporations.Alaska.Gov, under Quick Links select "License Search" and select "Agents".
 - If there are related entities on this office's list in which the registered agent is not/no longer related then you may submit a Registered Agent Resignation for each entity, along with filing fees.
 - If there are entities not on this office's list in which the registered agent is related then you may submit a Statement of Change for each entity, along with the filing fees.

1. Important: ADDRESS changes only	AS 10.06.150-.175
This form is <u>only</u> for the registered agent to update their physical and/or mailing <u>address</u> on three (3) or more related entities in which they are the registered agent on record.	

2. Fee:	<input type="checkbox"/> \$40 Nonrefundable Filing Fee (CORF)	3 AAC 16.030(e)
Mail this form and the non-refundable \$40 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.		

3. Registered agent desiring to update physical and/or mailing ADDRESS(S) on record:	
Registered Agent Name:	_____
Registered Agent's Alaska Entity Number:	_____
<i>(Mandatory if Registered Agent is an Entity)</i>	

4. PREVIOUS Registered Agent ADDRESS Information on Record with the State:

→ PHYSICAL Address:

City:

State: AK (*mandatory*)

ZIP Code:

→ MAILING Address:

City:

State: AK (*mandatory*)

ZIP Code:

5. NEW Registered Agent ADDRESS Information to be updated with the State on each related entity:

→ PHYSICAL Address:

City:

State: AK (*mandatory*)

ZIP Code:

→ MAILING Address:

City:

State: AK (*mandatory*)

ZIP Code:

6. ATTACH an Alphabetical list of each related entity whose information is to be updated with the State:

Attach a list of the related entities whose registered agent's physical and/or mailing ADDRESS(S) will be updated as a result of this filing. The list must:

- Be in alphabetical order (A-Z) based on the entity's name on record with this office;
- Include the full legal name of each related entity as they appear on record with this office;
- Include the Alaska Entity Number of each related entity.

7. Required Signature:

AS 10.06.165(a)

The Registered Agent Mass ADDRESS Change form must be signed by the Registered Agent currently on record. If the registered agent is an entity then it must be signed by the entity's president or vice president. Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Printed Name: _____

Signature: _____

Date: _____

The registered agent is an individual. I have signed as an individual.

The registered agent is an entity. My title is: President — or — Vice-President

Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received. The information you submit is a public record and will be posted on the State's website.



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Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

Document Return Address		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided ABOVE			
<input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ License Number (if applicable): _____

Table with 2 columns: Description and Amount. Rows include Application Fee, License or Renewal Fee, and Other (name change, wall certificate, fine, duplicate license, exam, etc.) with sub-items 1 and 2. Total row at the bottom.

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

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VISA or Mastercard Number: _____ Expiration Date: _____

This section below the dotted line will be destroyed upon processing of the payment.