



Corporations Section

PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: Corporations.Alaska.Gov

Notice of Change of Officials – Foreign Cooperative (AS 10.15) Instructions

This Notice of Change of Officials form is only for Foreign Cooperatives and is used to report changes in officers, directors, and shareholder information between biennial reporting periods.

This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to Corporations.Alaska.Gov and select Search Corporations Database.

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.

IMPORTANT - AS 10.15.525 and AS 10.15.331:

Each Foreign Cooperative is required to notify this office when there is a change of officials. — AS 10.15.331

Failure to meet this requirement may result in revocation of the entity's authority to transact business in the State of Alaska. — AS 10.15.505 and AS 10.06.633(5)(7)

The Foreign Cooperative is to keep and make available the records of the official(s) changes. — AS 10.15.315

FEES

Fees made payable to "State of Alaska."

Nonrefundable Filing Fee: \$25.00

Total Fees Due: \$25.00



THE STATE
of **ALASKA**

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

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Notice of Change of Officials

Foreign Cooperative (AS 10.15)

PART I		Payment of Fees	<i>3 AAC 16.040(c)</i>
Required Fees:	<input type="checkbox"/> Nonrefundable Filing Fee		\$25.00

PART II		Entity Information	<i>AS 10.15.525 and AS 10.15.331</i>
Entity Name:			
Alaska Entity /Number:			

PART III		Remove from Record	<i>AS 10.15.331(b)</i>
The following officials (officers, directors, shareholders, and general manager) will be <u>completely removed from the record</u> as a result of this filing. <i>Include additional pages, if necessary.</i> If an official is not being removed from record, then only list them in Part IV below (with their current information).			
Full Name:			
Full Name:			
Full Name:			
Full Name:			
Full Name:			
Full Name:			
Full Name:			
Full Name:			

PART IV ALL Current Officials

AS 10.15.331(b) and AS 10.15.580

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.

Foreign Cooperatives must have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Each principal officer must be a Director of the Cooperative, except for Secretary, Treasurer and one Vice-President (if the by-laws provide for more than one). — AS 10.15.175 and 10.15.140(b)

In the table below, the official titles are abbreviated as follows: **P** – President, **VP** – Vice President, **S** – Secretary, **T** – Treasurer, **D** – Director, **GM** – General Manager, **AS** – Assistant Secretary, **AT** – Assistant Treasurer.

List **ALL** officials and their current information to be on record. *Include additional pages, if necessary.*

Full Legal Name	Complete Mailing Address	P	VP	S	T	D	GM	AS	AT
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART V Signature

AS 10.15.331(b) and AS 10.06.825

Notice of Change of Officials must be signed by a principal officer (i.e., the president or vice-president) of the cooperative. 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:		Title:*	
Signature:		Date Signed:	

*Must be signed by a principal officer. A director is not an authorized signer.



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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.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Email Address:

Phone Number:

PART III Document Return Address

- Return my filings to the address provided ABOVE.
 Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Credit Card Number: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	