



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

Notice of Change of Officials

Foreign Non-Profit Corporation (AS 10.20)

- This Notice of Change of Officials form is only for Foreign Non-Profit Corporations and is used to report changes in officers and directors 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 www.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.

1. Important:	AS 10.20.631
<p>Each Foreign Non-Profit Corporation is required to notify this office when there is a change of officials. — AS 10.20.631</p> <p>Failure to meet this requirement may result in revocation of the entity's authority to transact business in the State of Alaska. — AS 10.20.325(7)</p> <p>The Foreign Non-Profit Corporation is to keep and make available the records of the official(s) changes. — AS 10.20.131</p>	

2. Fee:	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.050(c)
<p>Mail this form and the non-refundable \$25 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.</p>		

3. Entity Information:	AS 10.20.631
<p>Entity Name: _____</p> <p>Alaska Entity Number: _____</p>	

4. REMOVE from Record:

AS 10.20.631(b)

The following officials (officers and directors) will be completely removed from the record as a result of this filing:

Name: _____

Name: _____

Name: _____

Name: _____

If an official is not being removed from record, then list them in Item #5 below (with their current information).

5. ALL Current Officials:

AS 10.20.631(b) and
AS 10.20.705

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

For signing authority and future filing purposes, a Foreign Non-Profit Corporation may need to have at least a President or Vice-President and Secretary or Assistant Secretary on record with this office. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — AS 10.20.086 and AS 10.20.121

List **ALL** officials and their current information to be on record.

BOLD FIELDS ARE REQUIRED.

USE ONLY TITLES PROVIDED

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	President	Vice-President	Secretary	Treasurer	Director	Assistant Secretary	Assistant Treasurer

→ If necessary, use the following supplement page and include all information required above in Item #5.

6. Required Signature:

AS 10.20.631(b) and
AS 10.20.650

The Notice of Change of Officials must be signed by an officer of the non-profit corporation. A Director is not an authorized signer. 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.

Signature: _____

Date: _____

Printed Name: _____

Title of Authorized Signer: _____

(Must be signed by an officer of the non-profit. A director is not an authorized signer.)

Notice of Change of Officials SUPPLEMENT

If used, this supplement must be returned with Form 08-457

Entity Name: _____

Alaska Entity Number: _____

4. REMOVE from Record (continued from Page 2): AS 10.20.631(b)

The following officials (officers and directors) will be completely removed from the record as a result of this filing:

Name: _____ Name: _____

Name: _____ Name: _____

If an official is not being removed from record, then list them in Item #5 below (with their current information).

5. ALL Current Officials (continued from Page 2): AS 10.20.631(b) and
AS 10.20.705

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

For signing authority and future filing purposes, a Foreign Non-Profit Corporation may need to have at least a President or Vice-President and Secretary or Assistant Secretary on record with this office. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — AS 10.20.086 and AS 10.20.121

List ALL officials and their current information to be on record. BOLD FIELDS ARE REQUIRED.		USE ONLY TITLES PROVIDED					Assistant Secretary	Assistant Treasurer
		President	Vice-President	Secretary	Treasurer	Director		
FULL LEGAL NAME	COMPLETE MAILING ADDRESS							

If necessary to complete Items #4 and #5, make copies of this SUPPLEMENT page.



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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 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: _____

Program Type: _____ 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 (name change, wall certificate, fine, duplicate license, 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 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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