



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, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**Notice of Change of Officials**

**Foreign Cooperative (AS 10.15)**

- 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 [www.Corporations.Alaska.Gov](http://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.

<b>1. Important:</b>	AS 10.15.525 and AS 10.15.331
<p>Each Foreign Cooperative is required to notify this office when there is a change of officials. — AS 10.15.331</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 10.15.505 and AS 10.06.633(5)(7)</p> <p>The Foreign Cooperative is to keep and make available the records of the official(s) changes. — AS 10.15.315</p>	

<b>2. Fee:</b>	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.040(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>		

<b>3. Entity Information:</b>	AS 10.15.525 and AS 10.15.331
<p>Entity Name: _____</p> <p>Alaska Entity Number: _____</p>	

**4. REMOVE from Record:**

AS 10.15.331(b)

The following officials (officers, directors, shareholders, and general manager) 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 10.15.331(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)

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

USE ONLY TITLES PROVIDED

**BOLD fields are required.**

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% Owned	Shareholder	PRESIDENT	VICE-PRESIDENT	SECRETARY	TREASURER	DIRECTOR (3)	General Manager	Assistant Secretary	Assistant Treasurer

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

**6. Required Signature:**

AS 10.15.331(b) and  
AS 10.06.825

The 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title of Authorized Signer: \_\_\_\_\_

# Notice of Change of Officials SUPPLEMENT

If used, this supplement must be returned with Form 08-479

Entity Name: \_\_\_\_\_

Alaska Entity Number: \_\_\_\_\_

**4. REMOVE from Record** (continued from Page 2): AS 10.15.331(b)

The following officials (officers, directors, shareholders, and general manager) 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 10.15.331(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)

List **ALL** officials and their current information to be on record. USE ONLY TITLES PROVIDED

**BOLD fields are required.**

<b>FULL LEGAL NAME</b>	<b>COMPLETE MAILING ADDRESS</b>	% Owned	Shareholder	<b>PRESIDENT</b>	<b>VICE-PRESIDENT</b>	<b>SECRETARY</b>	<b>TREASURER</b>	<b>DIRECTOR (3)</b>	General Manager	Assistant Secretary	Assistant Treasurer

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

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

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

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



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Phone: (907) 465-2550

## 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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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