



THE STATE  
of **ALASKA**  
*Department of Commerce, Community and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

**CORF**

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  
Website: *Corporations.Alaska.Gov*

**Correction of Statement to Registration**

**Foreign Limited Partnership (AS 32.11 and AS 32.06)**

- This Correction of Statement to Registration for Foreign Limited Partnership is only for a Foreign (non-Alaskan) Limited Partnership.
- Submit this filing hardcopy via fax or U.S. Mail, along with its payment.
  - Tip: if faxing, print a confirmation page from your fax machine that all pages were successfully faxed.
- For security reasons, DO NOT EMAIL forms and/or payments.
- **Processing Time:** Standard processing time from March-September is 10–15 business days. During heavy filing seasons, October – February, the processing time will be delayed. 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 32.11.450

• **Why a Correction of Statement instead of an “amendment” to the Registration?**

Per AS 32.11.450, IF a statement in the application for Registration of a Foreign Limited Partnership was false when made or arrangements or other facts described have changed (thus) making the application (certificate of registration) inaccurate, THEN the Foreign Limited Partnership shall [mandatory] promptly file with the department a certificate [of correction], signed and sworn to by a General Partner, correcting the statement.

• **Before you start:**

Review your current Entity Details on record at *www.Corporations.Alaska.Gov* and click License Search.

**2. Fee:**

\$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.075(b)

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.

**3. Entity Information:**

AS 32.11.420(1)

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

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

**4. Mandatory Dates:**

AS 32.11.020(a)(2)

Date the original Certificate of Registration for a Foreign Limited Partnership was filed for record in Alaska: \_\_\_\_\_

Date the corrections were approved by the General Partners: \_\_\_\_\_

**5. Corrected Entity Legal and/or Assumed Name:**

AS 32.11.420(1)

NOTE: The name of the Limited Partnership must (mandatory) include the words "limited partnership" (without abbreviations). The name of the Limited Partnership may not contain the name of a Limited Partner unless the Limited Partner is also a General Partner.

**New Corrected Legal Name:** \_\_\_\_\_

— and/or —

**New Corrected Assumed Name:** \_\_\_\_\_

**6. Corrected Duration: Five (5) Years**

AS 32.11.890 and AS 32.06.303(g)

**IMPORTANT:** Per Alaska Statutes AS 32.11.890 and AS 32.06.303(g), the authority of a Limited Partnership in this state is canceled (dissolved and ceases to exist) **FIVE YEARS** after the date this form is filed for record.

The Duration Date will automatically be for five years after the date this form is filed for record.

— or —

I am selecting a duration period of **less than five (5) years**.

Duration Date:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
mm dd yyyy

**7. Corrected Purpose:**

AS 10.06.950

The Limited Partnership's purpose is being corrected, per the partnership agreement, as follows:  
*(attach additional sheets as necessary)*

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<b>8. Corrected NAICS Code:</b>	AS 10.06.950
<p>The Foreign Limited Partnership's NAICS Code is being corrected. Provide the 6-digit Alaska NAICS Code that most closely aligns with the stated purpose and activities of the Foreign Limited Partnership per the partnership agreement.</p> <p>For more information about NAICS Codes, go to: <a href="http://www.Corporations.Alaska.Gov">www.Corporations.Alaska.Gov</a></p>	
<b>Alaska NAICS Code:</b>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 10px;">—</span> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 10px;">—</span> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 10px;">—</span> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 10px;">—</span> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 10px;">—</span> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

<b>9. Principle Office:</b> (wherever)	AS 32.11.420 (5)
<b>Physical Address:</b>	
<b>Mailing Address:</b>	

<b>10. Office in Alaska:</b> (if any)	AS 32.11.420 (5)
<b>Physical Address:</b>	
<b>Mailing Address:</b>	

<b>11. Administrative Office:</b> (wherever)	AS 32.11.420 (7)
<p>The address of the office at which is kept a list of the names and addresses of the Limited Partners and their capital contributions, together with an undertaking by the Foreign Limited Partnership to keep those records until the Foreign Limited Partnership's registration in this state is canceled or withdrawn.</p>	
<b>Physical Address:</b>	
<b>Mailing Address:</b>	

<b>12. Any Other Matters:</b>	AS 32.11.020(d)
<p>Any other matters the General Partners determine to correct, except Registered Agent. To change Registered Agent, submit statement of change (form 08-522) along with its \$25 filing fee.</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p><i>(attach additional sheets as necessary)</i></p>	

**13. REMOVE General and/or Limited Partners:**

AS 32.11.020(a)(3) and (b)(2), and AS 32.11.030

The following General Partner(s) and Limited Partner(s) will be completely removed from record as a result of this filing.

Per AS 32.11.370, a Limited Partnership is dissolved when there are no General Partners.

Per AS 32.11.030, a Limited Partnership may be canceled any time there are no Limited Partners.

**Print full legal name of General Partners and/or Limited Partners being removed from record:**  
(attach additional sheets as necessary)

Name:

Name:

Name:

Name:

**14. List ALL General Partners and Limited Partners:**

AS 32.11.020(a)(3) and (b)(1), and AS 32.11.030

**MANDATORY:** The following is a complete list of ALL remaining and new General Partners (GP) and Limited Partners (LP) who will be on record as a result of this filing.

Per AS 32.11.040, General Partners have the authority to execute filings on behalf of the entity.

Per AS 32.11.370, a Limited Partnership is dissolved when there are no General Partners.

Per AS 32.11.030, a Limited Partnership may be canceled any time there are no Limited Partners.

**Print full legal name and address of ALL General Partners and/or Limited Partners:**  
(attach additional sheets as necessary)

General Partner (GP)

Limited Partner (LP)

Limited Partner % Owned

Complete Name:

Mailing Address:

Complete Name:

Mailing Address:

Complete Name:

Mailing Address:

**15. Required Statement:**

AS 32.11.020(b)(3) and AS 32.11.370(3)

**STATEMENT:** The remaining and new general partners listed in Item #14 above agree that the business of the Limited Partnership will continue, per the statutorily permitted duration.

**IMPORTANT:** Per Alaska Statutes AS 32.11.890 and AS 32.06.303(g), the authority of a Limited Partnership is canceled (dissolved and ceases to exist) FIVE YEARS after the date this form is filed for record or the most recent amendment for this entity filed for record.

<b>16. Good Standing in Home State</b>	AS 10.60.950
<input type="checkbox"/> Attached is a Certificate of Good Standing, issued within the last 60 days, from the home state.	

<b>17. Signatures:</b>	AS 32.11.450
<p>The Correction of Statement to Registration of Foreign Limited Partnership <u>must</u> (mandatory) be signed by a General Partner.</p> <p>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.</p> <p><i>If signing on behalf of General Partner which is an entity, then identify the signer's relationship and signing authority with the General Partner. For example: John Smith, President XYZ Inc the General Partner of ABC Limited Partnership.</i></p> <p><i>(attach additional sheets as necessary)</i></p> <p><b>General Partner's Printed Name:</b> _____</p> <p><b>General Partner's Signature:</b> _____ <b>Date:</b> _____</p> <hr/> <p><b>General Partner's Printed Name:</b> _____</p> <p><b>General Partner's Signature:</b> _____ <b>Date:</b> _____</p>	

**IMPORTANT: Additional licensing requirements with this division.**

- **BUSINESS LICENSING:** Per AS 43.70.020 prior to engaging in business activity in this state you must (mandatory) obtain an Alaska Business License. For more information, FAQs, and forms go to: [www.BusinessLicense.Alaska.Gov](http://www.BusinessLicense.Alaska.Gov)
- **PROFESSIONAL LICENSING:** If you are engaging in any business activity which requires professional licensure you must (mandatory) obtain it prior to applying for an Alaska Business License. For more information, FAQs, and forms go to: [www.ProfessionalLicense.Alaska.Gov](http://www.ProfessionalLicense.Alaska.Gov)



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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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## 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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