



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

Statement of Change

Domestic Electric or Telephone Cooperatives (AS 10.25)

- This Statement of Change form for Registered Agents or Registered Agent Address Changes is only for Domestic Electric or Telephone Cooperatives.
- The Statement of Change will not be filed if the official signing this form does not match an official on record for this entity. To verify your entity information on record, go online to Corporations.Alaska.Gov, *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 10.25.460-480
<p>Per AS 10.25.460, each Domestic Electric and Telephone Cooperative shall (must) continuously (without interruption) maintain in this state (Alaska) a registered agent who (per AS 10.25.460(2)) must be an individual resident of Alaska (per AS 01.10.055(a)), AND a registered office (with an Alaskan physical location and an Alaskan mailing address) for the purpose of a registered agent’s statutory requirements to receive service of processes, notices, or demands required or permitted by law to be served upon the electric or telephone cooperative.</p> <p>Failure to meet registered agent requirements could result in involuntary dissolution of the entity’s authority to transact business in the State of Alaska.</p> <p>For more registered agent information go to Corporations.Alaska.Gov, <i>Registered Agents FAQs</i>.</p>	

2. Fee:	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.060(b)
<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 on Record with the State:	AS 10.25.470(1)
<p>Entity Name: _____</p> <p>Alaska Entity Number: _____</p>	

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

AS 10.25.470(2), (4)

PREVIOUS Registered Agent Name: _____

PREVIOUS Registered Agent Addresses:

▪ PHYSICAL Address: _____

City: _____ State: AK (*mandatory*) ZIP Code: _____

▪ MAILING Address: _____

City: _____ State: AK (*mandatory*) ZIP Code: _____**5. NEW Registered Agent Information to be Updated with the State:**AS 10.25.460(2), and
AS 10.25.470(3), (5)NEW Registered Agent Name: _____
(*per AS 10.25.460(2), this must be an individual*)

NEW Registered Agent Addresses:

▪ PHYSICAL Address: _____

City: _____ State: AK (*mandatory*) ZIP Code: _____

▪ MAILING Address: _____

City: _____ State: AK (*mandatory*) ZIP Code: _____**6. Authorization per Alaska Statute:**

AS 10.25.470(7)

The registered agent change was authorized by a resolution duly adopted by the board of directors of this corporation. Per AS 10.25.235, the electric or telephone cooperative is to keep and make available the record of the resolution.

7. Required Signature:

AS 10.25.480

The Statement of Change must be signed by the presiding officer (i.e., corporate president or vice president) currently on record. 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: President — or — Vice-President



THE STATE
of **ALASKA**

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

COR

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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: AK	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: AK	ZIP:



THE STATE of ALASKA

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

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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974

CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or 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): _____

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: _____ Email (optional): _____

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

Signature of Credit Card Holder: _____

VISA or Mastercard Number: _____ Expiration Date: _____

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