



THE STATE
of **ALASKA**

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

CORP

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811

Website: Corporations.Alaska.Gov

Change of Officials

Business Corporation (AS 10.06)

This Change of Officials form is only for Business Corporations and is used to report changes between biennial reporting periods in: officers, directors, alien affiliates, and shareholders.

This 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

Each Business Corporation is required to notify this office when there is a change of officials. — AS 10.06.813

PART I Payment of Fees

Required Fees:

Nonrefundable Filing Fee

\$25.00

PART II Entity Information

Entity Name:

Alaska Entity
Number:

PART III Officials Removed

I understand any officials (officers, directors, shareholders, or alien affiliates) not listed in Part IV below are removed from record as a result of this filing. The name and title of all previous officials are publicly available in the last Biennial Report or Change of Officials form at www.Corporations.Alaska.Gov and click *Search Corporations Database*.

PART IV ALL Current Officials

The following is a complete list of ALL current and new officials who will be on record as a result of this filing. Any previous officials not listed in this section will be removed from record.

Domestic Business Corporations must have a President, Secretary, Treasurer, and at least one Director. The President and the Secretary cannot be the same person unless the President is 100% shareholder. The entity must also provide all shareholders who own 5% or more of the issued shares, and all alien affiliates.

Foreign Business Corporations may need to have a President or Vice President and Secretary or Assistant Secretary on record with this office for signing authority and future filing purposes. The entity must also provide all shareholders (individuals or other entities) who own 5% or more of the issued shares, as well as alien (out-of-country) affiliates.

List ALL officials and their current information to be on record <i>Print additional pages, if necessary.</i>		% Owned	Shareholder	President	Vice President	Secretary	Treasurer	Director	Assistant Secretary	Assistant Treasurer	Alien Affiliate
Legal Name:			<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"/>
Mailing Address:											
Legal Name:			<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"/>
Mailing Address:											
Legal Name:			<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"/>
Mailing Address:											
Legal Name:			<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"/>
Mailing Address:											
Legal Name:			<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"/>
Mailing Address:											
Legal Name:			<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"/>
Mailing Address:											
Legal Name:			<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"/>
Mailing Address:											
Legal Name:			<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"/>
Mailing Address:											

PART V Signature

The Change of Officials must be signed by the President or Vice-President of the corporation. 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:	



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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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ADM

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State of Alaska
PO Box 110806, Juneau, AK 99811
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:			
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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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:		