

## Secretary of State Business Programs Division

Business Entities 1500 11th Street, Sacramento, CA 95814 P.O. Box 944260, Sacramento, CA 94244-2600

## **Business Entities Submission Cover Sheet**

For fastest service, file online at bizfileOnline.sos.ca.gov.

## Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority.
   For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

## Contact Person (Please type or print legibly):

First Name:	Last Name:	
Phone Number:	Email:	
Entity Information (Please type or print legibly):		
Entity Name:		
Entity Number (if applicable):		
Comments:		

Secretary of State Statement of Information	SI-100		
(California Nonprofit, Credit Union and General Cooperative Corporations)			
This form is due within 90 days of initial registration every two years thereafter.	and		
Filing Fee – \$20.00			
Certification Fee (Optional) – \$5.00			
Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)		This Chass Far	Office Hee Only
		This Space For	
		2. Secretary of State E	ntity Number
3. Business Addresses			
a Street Address of California Principal Office, if any	v - Do not	City (no abbreviations)	State 7in C

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State <b>CA</b>	Zip Code
b. Mailing Address of Corporation, <b>if different than item 3a</b>	City (no abbreviations)	State	Zip Code

The Corporation is required to enter the names and addresses of **all** three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ First Name	Middle Name		Last Name			Suffix
Address		City	(no abbreviations)	State	Zip C	ode
b. Secretary/ First Name	Middle Name		Last Name			Suffix
Address		City	(no abbreviations)	State	Zip C	ode
c. Chief Financial Officer/ First Name	Middle Name		Last Name	·		Suffix
Address		City	(no abbreviations)	State	Zip C	ode

<b>INDIVIDUAL</b> – Complete Items 5a and 5b only. Muaddress.	st include agent's full	name and Ca	lifornia	stree	t	
a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name Last Name				Suffix	
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviation	State CA	te Zip Code			
CORPORATION – Complete Item 5c only. Only incl	ude the name of the r	egistered age	nt Cor <sub>l</sub>	poratio	on.	
c. California Registered Corporate Agent's Name (if age	nt is a corporation) –	Do not comple	ete Iter	n 5a o	r 5b	
6. Common Interest Developments						
Check here if the corporation is an association form the Davis-Stirling Common Interest Development Ac the Commercial and Industrial Common Interest De seq.). The corporation must file a Statement by Com as required by California Civil Code sections 5405(a	t (California Civil Cod velopment Act (Califo mon Interest Develop	e section 4000 ornia Civil Cod	), et se e sect	eq.) or ion 65	under 600, et	
7. Email Notifications						
Provide an email address to opt-in to receive en Information reminders, by email rather than USPS mail continue to receive notices and reminders by USPS mail	ail. Note: If no emai					
Yes, I opt-in to receive entity notifications via email. Ema	il Address:					
To change your option after filing, you must submit a ne	w complete Stateme	nt of Information	n.			
The Information contained herein, including in any attachments, is true and correct.						
Date Type or Print Name	Title	Signa	ature			

5. Service of Process (Must provide either Individual OR Corporation.)