



**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
(California Stock, Agricultural
Cooperative and Foreign
Corporations)

SI-550

This form is due within 90 days of initial registration and
[every year](#) thereafter.

Fees (Filing plus Disclosure) - \$25.00

Certification Fee (Optional) - \$5.00

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name.)

This Space For Office Use Only

2. Secretary of State Entity Number

3. Business Addresses

| | | | |
|--|-------------------------|--------------------|----------|
| a. Street Address of Principal Executive Office - Do not list a P.O. Box | City (no abbreviations) | State | Zip Code |
| b. Mailing Address of Corporation, if different than item 3a | City (no abbreviations) | State | Zip Code |
| c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box | City (no abbreviations) | State CA | Zip Code |

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and 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 Code |
| b. Secretary | First Name | Middle Name | Last Name | Suffix |
| Address | | | City (no abbreviations) | State Zip Code |
| c. Chief Financial Officer | First Name | Middle Name | Last Name | Suffix |
| Address | | | City (no abbreviations) | State Zip Code |

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name **and** address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A.

| | | | |
|--|-------------|-------------------------|-------------------|
| a. First Name | Middle Name | Last Name | Suffix |
| Address | | City (no abbreviations) | State Zip Code |
| b. Number of Vacancies on the Board of Directors, if any | | | |

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

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

| | | | |
|---|-------------------------|--------------------|----------|
| a. California Agent's First Name (if agent is not a corporation) | Middle Name | Last Name | Suffix |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | City (no abbreviations) | State CA | Zip Code |

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

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|---|
| c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b |
|---|

7. Type of Business

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|--|
| Describe the type of business or services of the Corporation |
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8. Labor Judgment

| | | |
|---|-----|----|
| Does an Officer or Director have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code? | Yes | No |
|---|-----|----|

9. Email Notifications

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|---|
| Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by USPS mail. |
| Yes, I opt-in to receive entity notifications via email. Email Address: _____ |
| To change your option after filing, you must submit a new complete Statement of Information. |

The information contained herein, including in any attachments, is true and correct. 

Date_____
Type or Print Name_____
Title_____
Signature