



**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 No Change
(California Stock, Agricultural
Cooperative and Foreign Corporations)

SI-550 NC

This form may be used only if a complete Statement of Information has been filed previously and there has been no change.

Fees (Filing plus Disclosure) - \$25.00

Certification Fee (Optional) – \$5.00

This Space For Office Use Only

- 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 alternate name.)

2. Secretary of State Entity Number

- 3. No Change Statement** (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form SI-550).)

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

- 4.** The information contained herein is true and correct.

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed.)

Name: []

Company:

Address:

City/State/Zip: []