

**FOREIGN
BUSINESS CORPORATION**

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

**STATEMENT OF
APPOINTMENT or CHANGE**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [5 MRSA §§105, 108, & 109](#) the undersigned corporation executes and delivers the following statement of appointment and/or change of address by a noncommercial Registered Agent.

FIRST: ("X" all boxes that apply)

- A. change of address
- B. change of noncommercial registered agent and address
- C. change of noncommercial registered agent
- D. change in name of current noncommercial registered agent

SECOND: The name and address of the registered agent appearing on the record in the Secretary of State's office:

(name of current registered agent)

(physical street address, city, state and zip code)

(mailing address if different from above)

THIRD: (Complete the following if Item First B or C was checked above.)

Jurisdiction of incorporation: _____

Date authorized to transact business in the State of Maine: _____

FOURTH: Complete this Item as follows based on your selection in Item First:

- A.** The new address of the noncommercial registered agent (provide address information only);
- B.** The name and address of the **new** noncommercial registered agent (provide name and address information);
- C.** The name of the **new** noncommercial registered agent, (provide name only); **OR**
- D.** The new name of the current noncommercial registered agent (provide name only).

(name of new noncommercial registered agent or new name of current noncommercial registered agent)

(physical street address, not a P.O. Box – city, state and zip code)

(mailing address if different from above)

FIFTH: Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this corporation.

SIXTH: The undersigned noncommercial registered agent of the following corporation(s) has notified each corporation of the change indicated in Item Fourth A or D:

Name of Corporation	Jurisdiction	Date authorized to transact business in Maine

Names of additional corporations attached hereto as Exhibit ____, and made a part hereof.

DATED _____

*By _____
(signature)

(type or print name and capacity)

*This statement **MUST** be signed as follows:

- (1) if Item First, A. was selected, then by the noncommercial registered agent **OR**
- (2) if Item First, B. was selected, then by any duly authorized officer **OR**
- (3) if Item First, C. was selected, then by any duly authorized officer **OR**
- (4) if Item First, D. was selected, then by the noncommercial registered agent.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
 Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

