

**FOREIGN  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**AMENDED APPLICATION FOR  
AUTHORITY TO CARRY ON ACTIVITIES**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation)

Pursuant to [13-B MRSA §1207](#), the undersigned foreign corporation executes and delivers the following Amended Application for Authority to Carry on Activities:

**FIRST:** The jurisdiction of its incorporation is \_\_\_\_\_.

**SECOND:** The date on which it was authorized to carry on activities in the State of Maine is \_\_\_\_\_.

**THIRD:** The proposed amendment to its application of authority is \_\_\_\_\_  
\_\_\_\_\_.

**FOURTH:** The corporate name of the corporation has been changed to (If no change, so indicate.) \_\_\_\_\_  
\_\_\_\_\_ under the laws of its jurisdiction of  
incorporation on \_\_\_\_\_.  
(date)

**FIFTH:** If the real corporate name is not available, the **fictitious** name under which it proposes to apply for authority to carry on activities in the State of Maine is (If not applicable, so indicate.) \_\_\_\_\_  
\_\_\_\_\_.

Form [MNPCA-5](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign corporation** authorized to carry on activities in this State because its real name is unavailable pursuant to [13-B MRSA §301-A](#).

**SIXTH:** The activity (activities) which it seeks to pursue in the State of Maine is (are) authorized by the laws of its jurisdiction of incorporation and consist(s) of (If no change, so indicate.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**SEVENTH:** The **new** address of its registered or principal office, wherever located, is (If no change, so indicate.)

\_\_\_\_\_  
(street, city, state and zip code)

**EIGHTH:** The address of the registered office of the corporation in the State of Maine is \_\_\_\_\_

\_\_\_\_\_  
(street, city, state and zip code)

**DATED** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(signature of any duly authorized individual)

\_\_\_\_\_  
(type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized individual.

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

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## Filer Contact Cover Letter

To: Department of the Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

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List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

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Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ \_\_\_\_\_

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)