

NONPROFIT 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 as it appears on the records of the Secretary of State)

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 to/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: (For foreign nonprofit corporations only)

Jurisdiction of Organization: _____

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 nonprofit corporation.

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

Name of Nonprofit Corporation	Jurisdiction	Date incorporated or authorized 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 or D was selected, then by the noncommercial registered agent **OR**
(2) if Item First, B or C was selected, then by any duly authorized officer

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

