

**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](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

---

---

**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

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

---

(Name of contact person)

---

(Daytime telephone number)

---

(Contact email address for this filing)

---

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

---

(Name of attested copy recipient)

---

(Firm or Company)

---

(Mailing Address)

---

(City, State & Zip)

**NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.**

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

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

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
111 Sewall Street, 4<sup>th</sup> Floor  
Augusta, ME 04330