

Sample Annual Registration Report (with the Missouri Secretary of State's office)

Jason Kander Secretary of State
2014 ANNUAL REGISTRATION REPORT
NONPROFIT

N000
Date Filed: 8/22/2014
Jason Kander
Missouri Secretary of State

* SECTION 1, 3 & 4 ARE REQUIRED

<p>REPORT DUE BY: <u>8/31/2014</u></p> <p>N000</p>	<p>ORGANIZED UNDER THE LAWS OF: <u>Missouri</u></p> <hr/> <p>PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * (Required)</p> <p>1</p> <p>STREET _____ MO _____ CITY / STATE _____ ZIP _____</p>				
<p>2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.</p> <p><input type="checkbox"/> The new registered agent _____ IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</p> <p><input type="checkbox"/> The new registered office address _____ Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>3 OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW A</p> <p><u>PRESIDENT</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>SECRETARY</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>VICE PRESIDENT</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>VICE PRESIDENT</u> STREET _____ CITY/STATE/ZIP _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW B</p> <p><u>NAME</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>NAME</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>NAME</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>NAME</u> STREET _____ CITY/STATE/ZIP _____</p> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED</p> </td> </tr> </table>		<p>3 OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW A</p> <p><u>PRESIDENT</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>SECRETARY</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>VICE PRESIDENT</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>VICE PRESIDENT</u> STREET _____ CITY/STATE/ZIP _____</p>	<p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW B</p> <p><u>NAME</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>NAME</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>NAME</u> STREET _____ CITY/STATE/ZIP _____</p> <p><u>NAME</u> STREET _____ CITY/STATE/ZIP _____</p>	<p>NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED</p>	
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<p>4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *</p> <p>Authorized party or officer sign here _____ (Required)</p> <p>Please print name and title of signer: _____ / _____ NAME TITLE</p>					
<p>REGISTRATION REPORT FEE IS: ___\$10.00 if filed on or before 8/31/2014 ___\$15.00 if filed after 9/30/2014</p> <p>Corporation will be administratively dissolved if report is not filed by 11/29/2015</p>	<p>WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE</p> <p>E-MAIL ADDRESS (OPTIONAL): _____</p>				

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102