

DELAWARE INTERCORP, INC.
A DELAWARE COMPANY

COMPANY INFORMATION:

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

CONTACT : _____

ALT CONTACT: _____

DATE OF INCORPORATION (if known): _____

DELAWARE CORPORATE FILE NUMBER (if known): _____

CURRENT AGENT IN DELAWARE: _____

FEES: LLC: \$99.00 (Includes State filing fee + 1 Yr. RA Service) CORPORATION: \$99.00 (Includes State filing fee + 1 Yr. RA Service) Entity must be in good standing else restoration charges and franchise taxes will apply.

PAYMENT:

PAYMENT TYPE: VISA MASTERCARD AMERICAN EXPRESS CHECK

CARD NUMBER: _____

EXP DATE: _____ NAME ON CARD: _____

Authorization: (choose one)

- I authorize Delaware Intercorp, Inc. to use my conforming signature (below) in creating and filing the change of agent certificate with the State of Delaware on behalf of the company named above.
- I am requesting that Delaware Intercorp, Inc. create the forms required for filing so I can review and sign them myself. I authorize Delaware Intercorp, Inc. to file the executed form I return to their office.

_____ Date: _____

Authorizing Signature of Officer

Printed Name

- President
- Treasurer
- Secretary
- Other: _____