

DELAWARE INTERCORP, INC.  
A DELAWARE COMPANY

**COMPANY INFORMATION:**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT : \_\_\_\_\_

ALT CONTACT: \_\_\_\_\_

ALT CONTACT EMAIL ADDRESS: \_\_\_\_\_

DATE OF INCORPORATION (if known): \_\_\_\_\_

DELAWARE CORPORATE FILE NUMBER (if known): \_\_\_\_\_

CURRENT AGENT IN DELAWARE: \_\_\_\_\_

**Cost: \$99.00  
(Includes State filing fee  
+ 1 Yr. RA Service)**

**Entity must be in good  
standing else restoration  
charges and franchise  
taxes will apply.**

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**PAYMENT:**

PAYMENT TYPE: VISA       MASTERCARD       AMERICAN EXPRESS       CHECK

CARD NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_      NAME ON CARD: \_\_\_\_\_

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**Authorization: (chose 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.

I hereby certify, under penalty of perjury, that the above corporate information is true and correct, and that I have the authority to act on behalf of the above named Company.

\_\_\_\_\_  
**Certifying Signature**

- President  
 Treasurer  
 Secretary  
 Other: \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**