

Filing Fee \$70.00
(If amending ONLY Item FOURTH filing fee \$35.00)

**FOREIGN
BUSINESS CORPORATION**

STATE OF MAINE

**AMENDED APPLICATION FOR
AUTHORITY TO DO BUSINESS**

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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(Name of Corporation)

Pursuant to [13-C MRSA §1504](#), the undersigned foreign corporation executes and delivers the following Amended Application for Authority to do Business:

FIRST: The jurisdiction **currently** appearing on the record is _____.

SECOND: The date on which it was authorized to do business in the State of Maine is _____.

THIRD: The name of the foreign corporation has been changed to (if no change, so indicate):
_____.

If the real corporate name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is (if not applicable, so indicate):
_____.

Form MBCA-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign corporation** authorized to transact business in this State because its real name is unavailable pursuant to [13-C MRSA §401](#).

FOURTH: The **new** address of its principal office, wherever located, is (if no change, so indicate):
_____.

(street, city, state and zip code)

(mailing address if different from above)

FIFTH: The **new** state or country under whose law the foreign corporation is now incorporated (if no change, so indicate):
_____.

A certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is now incorporated accompanies the change in Item FIFTH. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

SIXTH: Other amendments to the application, if any, are set forth in Exhibit ____ attached hereto and made a part hereof.

DATED _____

*By _____
(signature of any duly authorized officer)

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized officer. ([13-C MRSA §121.5](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

