

Filing Fee \$85.00 for domestic; \$150.00 for foreign

**BUSINESS CORPORATION**

**STATE OF MAINE**

**AMENDED ANNUAL REPORT**

\_\_\_\_\_  
(Name of Corporation)

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
--

Pursuant to 13-C MRSA §1623, the undersigned corporation executes and delivers the following Amended Annual Report:

**FIRST:** The jurisdiction of its incorporation is \_\_\_\_\_.

**SECOND:** The original annual report was filed on (date) \_\_\_\_\_.

**THIRD:** The information has changed as follows (attach additional pages, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOURTH:** This information changed on (date) \_\_\_\_\_.

**DATED** \_\_\_\_\_ **\*By** \_\_\_\_\_  
(authorized signature)  
\_\_\_\_\_  
(type or print name and capacity)

- An amended annual report may be filed by the corporation to change information currently on file. The time for filing an amended annual report is from the date of the original filing until December 31<sup>st</sup> of that filing year.
- If you are changing the officer, director or shareholder information, you must provide the name, title and complete physical address of this individual. Additionally, you must provide the information currently on file and indicate how it changed.

\*This document **MUST** be signed by any duly authorized officer **OR** the clerk. (13-C MRSA §121.5)  
Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE REPORTING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101  
TEL. (207) 624-7752**

## Filer Contact Cover Letter

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

Tel. (207) 624-7752

Name of Entity (s):

---

---

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

---

---

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

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

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)