

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

COMMERCIAL REGISTERED AGENT REGISTRATION

Please Type or Print Clearly in Ink

FILING FEE: \$100 payable to SECRETARY OF STATE

The undersigned submits the following statement for the purpose of being listed as a Commercial Registered Agent in the State of South Dakota.

1. The name of the individual or entity _____

2. If an entity the jurisdiction of organization _____

3. If an entity the type of entity _____

4. The street address in South Dakota of the place of business to which service of process may be delivered

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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5. Optional statement regarding alternate means of accepting service of process

6. Phone number _____

7. Fax number _____

8. E-mail address _____

9. Web address _____

The above referenced individual or entity intends to be in the business of serving as a Commercial Registered Agent in the State of South Dakota.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)