

ADMITTED BY
THE DEPARTMENT OF FINANCIAL INSTITUTIONS
OF THE STATE OF INDIANA

(SEAL)

(DATE)

(DIRECTOR)

**APPLICATION TO EXPAND THE ACTIVITY OF
A FOREIGN CORPORATION
ADMITTED TO DO BUSINESS IN THE
STATE OF INDIANA**

The undersigned makes application to the Indiana Department of Financial Institutions to obtain an amended certificate of admission to transact business as a Foreign Corporation in Indiana pursuant to I.C. 28-1-22-15 et seq.

The following information is required:

NAME AND PRINCIPAL OFFICE									
1.	The name of the corporation is								
2.	The corporation is transacting business in Indiana under the name of								
3.	The post office address of the principal office of the corporation outside of the State of Indiana is								
	<table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table>	_____	_____	_____	_____	Address	City	State	Zip
_____	_____	_____	_____						
Address	City	State	Zip						
4.	The state or country where the corporation is incorporated is								

NATURE OF BUSINESS

5. A description of the nature of business that the foreign corporation is currently transacting in Indiana under its Articles of Incorporation or Association is as follows:

6. A description of the nature of the **additional** business that the foreign corporation intends to carry on in Indiana under its Articles of Incorporation or Association is as follows:

REGISTERED AGENT AND OFFICE

7. The name and post office address of the foreign corporation's registered agent and registered office for service of legal process is as follows:

Name of Registered Agent

Address

City

State

Zip

Signed and dated this _____ day of _____.

President or Vice President

AND

Secretary or Cashier

STATE OF _____)
) SS:
COUNTY OF _____)

On _____, _____ and _____ personally appeared before me, a notary public, and after being sworn, stated that they are the duly authorized officers of _____ Corporation and swear that the attached and foregoing statements are true and correct and further acknowledge the execution of the foregoing instrument.

Witness my hand and Notarial Seal this _____ day of _____.

(Written Signature)

(SEAL)

(Printed Signature)

My Commission Expires:

County of:
