S&DC-S/N	Statement and Designation by Foreign Corporation			
To qualify a corporation from another state or country to transact intrastate business in California, fill out this form, and submit for filing along with:				
– A \$100	filing fee (for a foreign stock corporation) or \$30 filing fee (n nonprofit corporation), and	(for		
 A certifi by the corpora indicate A separ 	cate of good standing, issued within the last six (6) mon agency where the corporation was formed. Note: If tion is a nonprofit, the certificate of good standing also m the corporation is a nonprofit or nonstock corporation. ate, non-refundable \$15 service fee also must be included p off the completed form.	the ust		
yearly tax to	Corporations in California may have to pay a minimum \$80 the California Franchise Tax Board. For more informatio /www.ftb.ca.gov.	n,	ce For Office	Use Only
	For questions about this form, go to www.sos.ca.go	ov/business/be/filing-tips	htm.	
will do business go to www.sos. (1) Corporate H (2) State of Service of I service of proce as the agent. I (3) a.	for use in the State of California, the corporation must qualify under s in California as [list the proposed assumed name]." For general con ca.gov/business/be/name-availability.htm.) History r foreign country where this corporation was formed: Process (List a California resident or an active 1505 corporation ess in case your corporation is sued. You may list any adult who liv Do not list an address if the agent is a 1505 corporation as the address ent's Name	porate name requirements on in California that agrees res in California. You may	to be your not list your	agent to accept own corporation
•			СА	
Age	ent's Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State	Zip
designa is no lo Corporate A		tary of State if that agent		
Stre	eet Address of Principal Executive Office - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip
b Stre	eet Address of Principal Office in California, if any - Do not list a P.O. Box	City (no abbreviations)	State	Zip
	iling Address of Principal Executive Office, if different from 4a or 4b ign below: This form must be signed by an officer of the for	City (no abbreviations)	State	Zip
•		5		
Sign here	Sign here Print your name here		Your business title	
Make check/money order payable to: Secretary of StateBy MailUpon filing, we will return one (1) uncertified copy of your filedSecretary of State		Drop-Off Secretary of State		
document for fr	ee, and will certify the copy upon request and Business Entitie	s, P.O. Box 944260 CA 94244-2600	1500 11th S	Street, 3rd Floor nto, CA 95814
orporations Code §§	2105, 2106, Revenue and Taxation Code § 23153		2013 Ca	lifornia Secretary of Sta