

Filing Fee \$5.00

**DOMESTIC NONPROFIT  
CORPORATION**

**STATE OF MAINE**

**CHANGE OF CONTACT PERSON  
and/or  
ADDRESS**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

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

Pursuant to [13 MRSA §910](#) the undersigned corporation executes and delivers for filing the following Change of Contact Person and/or Address:

**FIRST:** ("X" all boxes that apply)

- A.  change of address
- B.  change of contact person and address
- C.  change of contact person
- D.  change in name of current contact person

**SECOND:** The name and address of the contact person appearing on the record in the Secretary of State's office:

\_\_\_\_\_  
(name of current contact person)

\_\_\_\_\_  
(street, city, state and zip code)

**THIRD:** Complete this Item as follows based on your selection in Item First:

- A. The new address (provide address information only);
- B. The name and address of the **new** contact person (provide name and address information);
- C. The name of the **new** contact person (provide name only); **OR**
- D. The new name of the current contact person (provide name only).

\_\_\_\_\_  
(name of new contact person or new name of current contact person)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**DATED** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(original written signature)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(title of signer)

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\*This change **MUST** be signed as follows:

- (1) if Item First, A or D was selected, then by the contact person **OR**
- (2) if Item First, B or C was selected, then by the secretary or clerk

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

Submit completed form to:

**Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

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

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(City, State & Zip)

**NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.**

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

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

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
111 Sewall Street, 4<sup>th</sup> Floor  
Augusta, ME 04330