



**Secretary of State**  
**Statement of Information**  
(California Stock, Agricultural  
Cooperative and Foreign  
Corporations)

**SI-550**

This form is due within 90 days of initial registration and  
[every year](#) thereafter.

**Fees (Filing plus Disclosure) - \$25.00**

**Certification Fee (Optional) - \$5.00**

**1. Corporation Name** (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name.)

This Space For Office Use Only

**2. Secretary of State Entity Number**

**3. Business Addresses**

a. Street Address of Principal Executive Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
b. Mailing Address of Corporation, <b>if different than item 3a</b>	City (no abbreviations)	State	Zip Code
c. Street Address of Principal <b>California</b> Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State <b>CA</b>	Zip Code

**4. Officers**

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. <b>Chief Executive Officer</b>	First Name	Middle Name	Last Name	Suffix
Address			City (no abbreviations)	State Zip Code
b. <b>Secretary</b>	First Name	Middle Name	Last Name	Suffix
Address			City (no abbreviations)	State Zip Code
c. <b>Chief Financial Officer</b>	First Name	Middle Name	Last Name	Suffix
Address			City (no abbreviations)	State Zip Code

**5. Director(s)**

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name **and** address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A.

a. First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State Zip Code
b. Number of Vacancies on the Board of Directors, if any			

**6. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State <b>CA</b>	Zip Code

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b
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**7. Type of Business**

Describe the type of business or services of the Corporation
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**8. Labor Judgment**

Does an Officer or Director have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**9. Email Notifications**

Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by USPS mail.
Yes, I opt-in to receive entity notifications via email. Email Address: _____
To change your option after filing, you must submit a new complete Statement of Information.

**The information contained herein, including in any attachments, is true and correct.** **Á**

\_\_\_\_\_  
Date\_\_\_\_\_  
Type or Print Name\_\_\_\_\_  
Title\_\_\_\_\_  
Signature