



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, go to www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [_____]

Company:

Address:

City/State/Zip: [_____]

Secretary of State Use Only	
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Secretary of State Statement of Information

(California Nonprofit, Credit Union and
General Cooperative Corporations)

SI-100

IMPORTANT — [Read instructions](#) before completing this form.

Filing Fee – \$20.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State)

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Officers

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

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

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

INDIVIDUAL – Complete Items 5a and 5b only. Must include agent's full name and California street address.

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

CORPORATION – Complete Item 5c 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 5a or 5b

6. Common Interest Developments

☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). [See Instructions.](#)

7. The Information contained herein, including in any attachments, is true and correct.

Date _____ Type or Print Name of Person Completing the Form _____ Title _____ Signature _____