



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

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?	☐ Yes ☐ 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.

_____ Date	_____ Type or Print Name	_____ Title	_____ Signature
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