

# Minnesota Cooperative | Annual Renewal



Minnesota Statutes, Section 5.34

**Must be filed by December 31**

**Read the instructions before completing this form.**

1. File Number: \_\_\_\_\_ 2. Home Jurisdiction: **MINNESOTA**

3. Business Name: (Required) \_\_\_\_\_

4. Registered Office Address: (Required)

\_\_\_\_\_  
Street Address (*A PO Box by itself is not acceptable*) City State Zip Code

Registered Agent: (if applicable)

5. Principal Place of Business Address: (Required)

\_\_\_\_\_  
Address (*A PO Box by itself is not acceptable*) City State Zip Code

6. Name and Business Address of C.E.O.: (Required)

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Street Address City State Zip Code

## Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

\_\_\_\_\_  
 Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime phone number of a person who can be contacted about this form:**

\_\_\_\_\_  
Contact Name Phone Number

**Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.**

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?  
Yes  No

**NOTICE: Failure to file this form by December 31 of this year will result in the dissolution of this cooperative without further notice from the Secretary of State, pursuant to Minnesota Statutes, section 308A.995 and 308B.121.**

# Minnesota Secretary of State

## Minnesota Cooperative | Annual Renewal

Minnesota Statutes, Section 5.34



### Minnesota Business Snapshot

To better serve Minnesotans, the Secretary of State's Office has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers and inform the analysis of our quarterly "Minnesota Economic and Business Condition Reports". We do not independently verify the answers applicants provide. **Again, this survey is voluntary and the answers are considered public data.** Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?
  - 0-5
  - 6-50
  - 51-200
  - 201-500
  - Over 500
2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?
  - Woman
  - Member of a community of color
  - Veteran
  - Member of a disability community
  - Member of an immigrant community
3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.
  - Agriculture, Forestry, Fishing and Hunting (Code 11)
  - Mining (Code 21)
  - Utilities (Code 22)
  - Construction (Code 23)
  - Manufacturing (Codes 31-33)
  - Wholesale Trade (Code 42)
  - Retail Trade (Codes 44-45)
  - Transportation and Warehousing (Codes 48-49)
  - Information (Code 51)
  - Finance and Insurance (Code 52)
  - Real Estate Rental and Leasing (Code 53)
  - Professional, Scientific, and Technical Services (Code 54)
  - Management of Companies and Enterprises (Code 55)
  - Administrative and Support and Waste Management and Remediation Services (Code 56)
  - Educational Services (Code 61)
  - Health Care and Social Assistance (Code 62)
  - Arts, Entertainment, and Recreation (Code 71)
  - Accommodation and Food Services (Code 72)
  - Other Services (except Public Administration) (Code 81)
  - Public Administration (Code 92)
4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?
  - Full time
  - Part time
5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?
  - \$0 - \$10,000
  - \$10,001 - \$50,000
  - \$50,001 - \$250,000
  - \$250,001 - \$1M
  - Over \$1M

\*\*\* THIS IS NOT A COMMUNICATION FROM A STATE AGENCY PARAGON IS A PRIVATE SERVICE COMPANY \*\*\* OFFERING BUSINESS FILING SERVICES FOR A FEE \*\*\*

## INSTRUCTIONS

All Minnesota Cooperatives governed under *Minnesota Statutes*, Chapter 308A and 308B are required to file an annual renewal once every calendar year. Filing this Annual Renewal does not satisfy any other legal requirement. If Minnesota statutes or rules require a filing with another office, you must submit that filing separately.

If changes to the name or registered agent and office address are necessary, an amendment form along with the annual renewal form and a \$70.00 statutory and processing fee is required. Changes to the principal place of business and chief executive officer's name and address can be made once a year by filing the annual renewal form with our office.

- 1. File Number:** Provide the file number issued by the Minnesota Secretary of State
- 2. Home Jurisdiction:** This form is to be filed only if the state of incorporation is Minnesota.
- 3. Business Name:** (Required) List the business name on file with the Secretary of State's office.
- 4. Registered Office Address and Agent, if any:** (Required) List the Registered Office Address and Agent, if any on file with the Secretary of State's office.
- 5. Principal Place of Business Address:** (Required) A full street address or rural route and rural route box number is required for filing the annual renewal. A post office box alone is not acceptable.
- 6. Name and Business Address of Chief Executive Officer:** (Required) Fill in the name and complete business address of the Chief Executive Officer or other person who carries out the functions as C.E.O. of the cooperative.

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

An entity that has been dissolved by the Secretary of State's office for failure to file an annual renewal, may retroactively reinstate its existence by filing the current year's renewal and paying a \$75.00 fee (statutory and PDR processing fees) if submitted by mail, \$45 additional for expedited service.

**Filing Fee: \$45.00 Checks payable to: Paragon Document Research Inc.**

Please submit all items together and mail to the address below:

**MAIL TO:**

Paragon Document Research, Inc.

PO Box 4627

St. Paul, MN 55101

(Staffed 8 a.m. – 5 p.m., Monday - Friday, excluding holidays)

Phone Lines: (8 a.m. - 5 p.m., M-F) Metro Area 651-222-6844; Toll-free 1-800-892-4235

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