

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.

***** THIS IS NOT A COMMUNICATION FROM A STATE AGENCY *****

***** PARAGON IS A PRIVATE SERVICE COMPANY OFFERING BUSINESS FILING SERVICES FOR A FEE *****



Please select all that applies:

INSTRUCTIONS

\$65.00 Yearly fee

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.

- 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.

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

Additional Fees (Address Change and/or Reinstatement):

Address Change - \$70.00

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. Registered Office Addresses and changes to Mailing Addresses require a \$70.00 fee.

Inactive Status - \$85.00

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 an \$85.00 fee (statutory and PDR processing fees) if submitted by mail, \$55 additional for expedited service.

Expedited Processing*: \$55 additional

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.

Please submit all items (form and payment) together and mail to the address below:

MAIL TO:

Paragon Document Research, Inc.
PO Box 4627
St. Paul, MN 55101

Make check payable to: Paragon Document Research, Inc.

(Staffed 8 a.m. – 5 p.m., Monday - Friday, excluding holidays)
Phone Lines: (9 a.m. - 5 p.m., M-F) Metro Area 651-222-6844; Greater MN 1-800-892-4235

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