

Please Print and FAX the completed form to: (916) 442-1797

CALIFORNIA RESIDENT AGENT REPRESENTATIVE SIGNUP FORM

This form is for internal use only and is to be used only for billing & sending purposes.

Name of
Business Entity

Contact Name

Firm Name

Street Address

City

State

Zip

Phone

Fax

E-Mail

PLEASE SELECT THE APPROPRIATE BUTTON

The company was filed at the California Secretary of State's office on _____, document
file number _____. Gkl was listed as resident agent.

GKL Corporate/Search, Inc. will be filing the document at the Secretary of State's office. Date
Mailed Out _____

The filing will be submitted directly to the Secretary of State on _____

BILLING & SERVICE OF PROCESS SENDING INFORMATION

Bill above named contact for resident agent representation.

Send service of process to the above named contact.

Bill my client for the resident agent representation. (input client information below)

Send service of process to my client. (input client information below)

Input client information

Firm Name

Name

Street Address

City

State

Zip