



John Thurston, Arkansas Secretary of State

Filing Number: _____

AMENDED CORPORATION FRANCHISE TAX REPORT 2024

Non-Stock Corporation

For the year ending 12/31/2023

Sign in **black** ink and mail to the address listed below.

1. Business Name and Address:

Name: _____

Address: _____

City, State, Zip: _____

4. Principal Office Information (in Arkansas):

Address: _____

City, State, Zip: _____

5. Current Names of Corporate Governors:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Controller: _____

Tax Preparer: _____

Federal Tax ID#: _____

Nature of Business: _____

2. Correct any of the below information, if needed:

Tax Contact Name: _____

Address: _____

Address 2: _____

City, State, Zip: _____

Phone # of Tax Contact: _____

E-mail Address: _____

**ALL INFORMATION IN SECTIONS
3-5 BELOW REQUIRED**

3. Registered Agent Information:

Name: _____

Address: _____

Address 2: _____

City, State, Zip: _____

CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief.

Executed this _____ day of _____, _____
(Day) (Month) (Year)

Print Name _____ Signature _____
Must be printed in black ink by: Pres., Vice Pres., Sec., Treas., Cont., or Tax Preparer Must be signed in black ink by: Pres., Vice Pres., Sec., Treas., Cont., or Tax Preparer

Phone: 501-682-3409 or Toll Free: 888-233-0325
Mail to: Business and Commercial Services Division • P.O. Box 8014 • Little Rock, Arkansas 72203-8014