



Harvard Business Services, Inc.

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Change of Address & Contact Form

Company Name:

State File Number:

PLEASE PRINT CLEARLY

CURRENT COMMUNICATIONS CONTACT INFORMATION ON FILE *Info must match our records for verification purposes*

Current Contact Person: Mr. Mrs. Ms.

Street Address:

City: State: Zip Code:

Province: Country:

NEW COMMUNICATIONS CONTACT INFORMATION

New Contact Person: Mr. Mrs. Ms.

Position (*Required check one): Director Officer Employee Member Manager Designated Agent

Street Address: (Physical street address required to receive service of process. NO PO BOX)

City: State: Zip Code:

Province: Country:

Phone Number: Fax Number:

Email Address:

NEW BILLING ADDRESS Check box if same as above

New Contact Person: Mr. Mrs. Ms.

Mailing Address:

City: State: Zip Code:

Province: Country:

Phone Number: Fax Number:

Email Address:

The current contact on file must sign, print and date this form

Signature (Required) :

Print Name (Required):

Date:

RETURN COMPLETED FORM BY EMAIL TO: mail@delawareinc.com OR FAX TO: 302-645-2526

OR MAIL TO: Harvard Business Services, Inc., 16192 Coastal Hwy, Lewes, DE 19958