



Business Program
Colorado Secretary of State
1700 Broadway, Suite 550 Denver, CO 80290
Phone: 303-894-2200 Fax: 303-869-4864
Email: businessfiling@coloradosos.gov Website: www.coloradosos.gov

Registered Agent Checklist for Paper Filings

- A registered agent is an individual or an entity that is your official point of contact in Colorado to receive service of process, notices and other legal documents, and relay these communications to your business.
- Business filers may choose between an individual or an entity as their registered agent.
- Starting 7/1/2025, entities serving as registered agents are required to be registered in Colorado and in good standing.
- Individuals serving as registered agents must be over the age of 18 and hold a current, valid Colorado driver's license or identification card. Individuals designated as a registered agent must confirm a primary residence or usual place of business in Colorado by either:
 - Submitting a current, valid state-issued Colorado identification card or driver's license; or
 - Completing the Department's alternative address verification process.

Please submit this form with your filing to facilitate document processing and our ability to verify registered agent requirements are met.

Section 1 – Individual Verification

Last name as it appears on ID:

Colorado driver's license or ID number:

OR

Section 2 – Alternative Address Verification

The Alternative Address Verification process is available to business filers who choose an individual as their registered agent but are unable to verify that the agent holds a current, valid Colorado driver's license or identification card. If you have already requested a passcode, please provide that here.

Passcode Verification:

OR

Section 3 – Entity Verification

Any entity designated as a registered agent is required to be registered with our office and in good standing.

Entity name:

Entity ID (Colorado Secretary of State ID number):

No Personal Data Captured or Stored

Any Colorado driver's license or identification card information entered during a business filing will not be retained long term or associated with business registrations beyond what is required by the filing system to ensure an entity is properly registered and free of system errors. Your privacy is important to us and the capture and retention of business filing data is limited to what is required by Colorado law or voluntarily provided. **This information will not be shared with the public.**



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Statement of Exchange (Acquiring Entity is a Foreign Entity)

Filed pursuant to §7-90-301, et seq. and §7-56-605 Colorado Revised Statutes (C.R.S.)

This form must be typed and mailed or dropped off at our office along with payment.

Document processing fee: \$150.00

Section 1 – Entity whose shares will be acquired

The entity ID number (if applicable), the entity name, and principal office address of each entity whose shares will be acquired are:

Colorado Secretary of State ID Number (if applicable):

Entity name or true name

Form of entity:

The address of the entity's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Colorado Secretary of State ID Number (if applicable):

Entity name or true name

Form of entity:

The address of the entity's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Colorado Secretary of State ID Number (if applicable):

Entity name or true name

Form of entity:

The address of the entity's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

If the following statement applies, adopt the statement by marking the box and include an attachment:

- There are more than three entities whose shares are being acquired and the ID number (if applicable), entity name or true name, form of entity, and the principal address of each additional entity whose shares are being acquired is stated in an attachment.**

Section 2 – Acquiring Entity

The entity ID number (if applicable), the entity name, and principal office address of the acquiring entity is:
Colorado Secretary of State ID Number (if applicable):

Entity name or true name

Form of entity:

The address of the entity's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Section 3 – Service of process

Mark the applicable box and complete the statement. (**Caution:** Mark only one box)

The acquiring foreign entity maintains a registered agent in this state.

OR

The acquiring foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S..

OR

The acquiring foreign entity has not maintained a registered agent in this state and appoints a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Caution: Do not provide both an individual and an entity name.

Individual

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

Entity

Entity Name

Street Address

Street Address 1

Street Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

Section 4 – Additional information

If the following statement applies, adopt the statement by marking the box and include an attachment.

This document contains additional information as provided by law.

Section 5 – Delayed effective date (if applicable)

The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):

EXCHANGE_FRN
Revised 02/17/2026

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

Section 6 – Notice of perjury

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

Section 7 – Filer's information

The true name and mailing address of the individual causing the document to be delivered for filing are:

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

If applicable, mark this box and include an attachment stating the additional individuals.

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Section 8 – Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).



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Business Information Survey (Optional)

Submit with your form if you want to add, change, or remove survey information.

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information:

ID Number:

Entity name:

Choose one:

1. Remove all survey information from this entity's record.
- OR
2. Add or update the survey information on this entity's record as follows:
- a) Gender
 - Male
 - Female
 - Choose not to answer / Remove this information
 - b) Veteran?
 - Yes
 - No
 - Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at <https://www.naics.com/search/>.

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5

Filer's information:

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>