

LETTER REQUESTING INFORMATION

Date _____

Office of the Secretary of State
Jefferson City Office
210 State Capitol
P.O. Box 778
Jefferson City, Missouri 65102

On the lines below, please provide the name and address of the registered agent, owner, or fictitious name of the company, business or corporation that is doing business in the State of Missouri.

Signature

Print Full Name

Print Address

INSTRUCTION:

Attach a check for \$10.00 made payable to the Secretary of State, and enclose a self-addressed, stamped envelope with this letter.