

FORM ODC

Filing Fees:

Profit Corporation or LLC: \$25.00

Nonprofit Corporation: \$10.00

Optional Expedited Handling Fee: \$25.00

Hawaii State Archives Fee: \$1.00

Department of Commerce and Consumer Affairs
Business Registration Division
P. O. Box 40
Honolulu, Hawaii 96810

Date: _____

RE: _____
(Name of Entity)

To Whom It May Concern:

These are the current officers/directors/members/managers for the above-named entity.

Name: _____

Office Title: _____

Address: _____

Name: _____

Office Title: _____

Address: _____

Name: _____

Office Title: _____

Address: _____

Name: _____

Office Title: _____

Address: _____

I certify under the penalties of the Hawaii Revised Statutes that I am authorized to make this change for the entity and the statements herein are true and correct in all material respects.

Signed this _____ day of _____, _____

Sincerely,

(Signature)

(Print Name and Office Title)