Sections 4(k) and 5(c)(1)(A) of the Bank Holding Company Act, 12 U.S.C. §§ 1843(k), 1844(c)(1)(A); section 8(a) of the International Banking Act, 12 U.S.C. § 3106(a); sections 11(a)(1), 25(7), and 25A of the Federal Reserve Act, 12 U.S.C. §§ 248(a)(1), 321, 601, 602, 611a , 615, and 625; and sections 113, 165, 312, 618, and 809 of the Dodd-Frank Act, 12 U.S.C. §§ 5361, 5365, 5412, 1850a(c)(1), and 5468(b)(1), respectively; and section 10(c)(2)(H) of the Home Owners' Loan Act, 12 U.S.C. § 1467a(c)(2)(H).



**Board of Go**

# Report of Changes in Organizational Structure—FR Y-10

This report is required by law: ~~Sections 4(k) and 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. §§ 1843(k), 1844(c)(1)(A)); Section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25(7) and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 321, 601, 611a and 615); Section 211.13(c) of Regulation K (12 C.F.R. § 211.13(c)); Sections 225.5(b) and 225.87 of Regulation Y (12 C.F.R. §§ 225.5(b) and 225.87); and Section 10(c)(2)(H) of the Home Owners' Loan Act (12 U.S.C. 1461 et seq.).~~

**Date of Report:** _____
(Month / Day / Year)

## Reporter's Name, Street, and Mailing Address

Legal Name

Physical Street Address

Reporter's Mailing Address (if different from physical street address)

City and County

Mailing City

State / Province, Country

Zip / Postal Code

Mailing State / Province, Country

Zip / Postal Code

## Contact's Name and Mailing Address for this Report

Name

Area Code / Phone Number / Extension

Area Code / FAX Number

E-mail Address

stal Code

Is confidential treatment requested for any portion of this report submission?..... 0=No 1=Yes

In accordance with the General Instructions for this report (check only one),

1. a letter justifying this request is being provided along with the report..
2. a letter justifying this request has been provided separately.....

**NOTE:** Information for which confidential treatment is being requested must be provided separately and labled as "confidential."

## Authorized Official

I, _____ _____,
Printed Name Title

_____
20-Character LEI Code

am an authorized official of this company named above, and hereby declare that this report is true and complete to the best of my knowledge and belief.

Signature of Authorized Official

Date of Signature

~~*Does the reporter request confidential treatment for any portion of this submission?*~~

~~☐ Yes Please identify the report schedule(s) and item(s) to which this request applies:~~

~~☐ In accordance with the instructions on page GEN-5, a letter justifying the request is being provided.~~

~~☐ The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."~~

~~☐ No~~

**For Federal Reserve Bank Use Only**

RSSD ID _____

Public reporting burden for the information collection is estimated to average ~~2.25~~ 2.50 hours per response, including time to gather and maintain the data and complete the information collection. The Federal Reserve may not conduct or sponsor, and a person is not required to respond to any information collection unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551, and to the Office of Management and Budget, Paperwork Reduction Project (7100-0297), Washington, DC 20503.



DRAFT

# Banking Schedule

Use this schedule to report information about a reporter that is a Banking Company, and about a reporter's directly or indirectly held interests in a Banking Company.

**For Federal Reserve Bank Use Only**
ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____
If applicable, former d/h _____

Check box if correction ☐

1.a. Event Type (check all that apply):

1.b. **Date of Event:** _____ (MM / DD / YYYY)

☐ Acquisition of a Going Concern
☐ De Novo Formation
☐ External Transfer
☐ Internal Transfer
☐ Other, describe: _____
☐ Change in Ownership
☐ Liquidation
☐ Change in Characteristics
☐ Change in Activity or Legal Authority
☐ No Longer Reportable
☐ Became Inactive
☐ Debts Previously Contracted
☐ Became Reportable

## Characteristics Section

2.a. _____ Legal Name of Banking Company

2.b. _____ If Name Change or Correction, Prior Legal Name of Banking Company

3.a. _____ Current Street Address (Physical Location)
_____ City and County
_____ State / Province, Country, and Zip / Postal Code
_____ State or Country (if foreign) of Incorporation

3.b. _____ If Relocation or Correction, Prior Street Address (Physical Location)
_____ If Relocation or Correction, Prior City and County
_____ If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. Date Opened: _____ (MM / DD / YYYY)

5. Fiscal Year End (FBOs and BHCs Only): _____ (MM/DD)

6. SEC Reporting Status:
☐ Not Applicable
☐ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: ☐☐☐☐☐☐ (not required for FBOs; leading six digits only)

8.a. Tax ID Number: ☐☐ – ☐☐☐☐☐☐☐

8.b. Legal Entity Identifier (LEI): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

9. Banking Company Type:
☐ BHC
☐ FBO
☐ U.S. Commercial Bank
☐ U.S. State Chartered Savings Bank
☐ Other, describe: _____

10. Business Organization Type:
☐ Corporation
☐ Business Trust
☐ Cooperative
☐ Limited Liability Limited Partnership
☐ General Partnership
☐ Sole Proprietorship
☐ Limited Liability Partnership
☐ Other, describe: _____
☐ Limited Partnership
☐ Mutual
☐ Limited Liability Co./Corp.

11. Is the banking company consolidated in the reporter's financial statements? (only reportable for *foreign* investments) ☐ Yes ☐ No

## Ownership Section (*report at direct holder level* unless otherwise noted)

12. Direct Holder's Name and Location: _____ Legal Name _____ City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: _____%

13.b. Percentage of Nonvoting Equity: _____%

13.c. Other Interest: ☐ Yes ☐ No

13.d. If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:
☐ General Partner/Managing Member
☐ Limited Partner/Non-Managing Member

14. Control by Direct Holder: ☐ Yes ☐ No

15. Control by Reporter: ☐ Yes ☐ No

16. Former Direct Holder's Name and Location (if applicable):
_____ Legal Name of Former Direct Holder
_____ City, State / Province, Country

## Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

| | Activity Type | FRS Legal Authority Code | NAICS Activity Code | Description of Activity |
|---|---|---|---|---|
| 17.a. | Primary Activity | | | |
| 17.b. | Secondary Activity (FBOs and BHCs only) | | | |
| 17.c. | Termination of Activity | | | |

DRAFT

# Savings and Loan Schedule

Use this schedule to report information about a reporter that is a savings and loan holding company (SLHC), and about any reporter's (including a BHC's) directly or indirectly held interest in all SLHCs and savings associations.

**For Federal Reserve Bank Use Only**
ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____
If applicable, former d/h _____

Check box if correction ☐

1.a. Event Type (check all that apply):

1.b. **Date of Event:** _____ (MM / DD / YYYY)

☐ Acquisition of a Going Concern
☐ De Novo Formation
☐ External Transfer
☐ Internal Transfer
☐ Other, describe: _____
☐ Change in Ownership
☐ Liquidation
☐ Change in Characteristics
☐ Change in Activity or Legal Authority
☐ No Longer Reportable
☐ Became Inactive
☐ Debts Previously Contracted
☐ Became Reportable

## Characteristics Section

2.a. _____ Legal Name of Savings and Loan Company

2.b. _____ If Name Change or Correction, Prior Legal Name of Savings and Loan Company

3.a. _____ Current Street Address (Physical Location)
_____ City and County
_____ State / Province, Country, and Zip / Postal Code
_____ State or Country (if foreign) of Incorporation

3.b. _____ If Relocation or Correction, Prior Street Address (Physical Location)
_____ If Relocation or Correction, Prior City and County
_____ If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. Date Opened: _____ (MM / DD / YYYY)

5. Fiscal Year End (SLHCs Only): _____ (MM/DD)

6. SEC Reporting Status:
☐ Not Applicable
☐ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: ☐☐☐☐☐☐ Leading six digits only
See instructions for when applicable

8.a. Tax ID Number: ☐☐ – ☐☐☐☐☐☐☐

8.b. Legal Entity Identifier (LEI): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

9. Savings and Loan Type:
☐ Stock SLHC
☐ HOLA 10(I) Stock SLHC
☐ Trust (non-testamentary) SLHC
☐ Mutual SLHC
☐ HOLA 10(I) Mutual SLHC
☐ Other, describe: _____
☐ Federal Savings Association
☐ State Savings Association
☐ Federal Savings Bank
☐ State Savings Bank HOLA 10(I) Election
☐ Cooperative Bank HOLA 10(I) Election

10. Business Organization Type:
☐ Corporation
☐ Business Trust
☐ Cooperative
☐ Limited Liability Limited Partnership
☐ General Partnership
☐ Sole Proprietorship
☐ Limited Liability Partnership
☐ Other, describe: _____
☐ Limited Partnership
☐ Mutual
☐ Limited Liability Co./Corp.

11. Is the savings and loan company consolidated in the reporter's financial statements? ☐ Yes ☐ No
(only reportable for *foreign* investments)

## Ownership Section (*report at direct holder level* unless otherwise noted)

12. Direct Holder's Name and Location: _____ Legal Name _____ City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: _____%

13.b. Percentage of Nonvoting Equity: _____%

13.c. Other Interest: ☐ Yes ☐ No

13.d. If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:
☐ General Partner/Managing Member
☐ Limited Partner/Non-Managing Member

14. Control by Direct Holder: ☐ Yes ☐ No

15. Control by Reporter: ☐ Yes ☐ No

16. Former Direct Holder's Name and Location (if applicable):
_____ Legal Name of Former Direct Holder
_____ City, State / Province, Country

## Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

| | Activity Type | FRS Legal Authority Code | NAICS Activity Code | Description of Activity |
|---|---|---|---|---|
| 17.a. | Primary Activity | | | |
| 17.b. | Secondary Activity (SLHCs only) | | | |
| 17.c. | Termination of Activity | | | |

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# Nonbanking Schedule

Use this schedule to report information about a reporter that is a Nonbanking Company, and about a reporter's directly or indirectly held interests in a Nonbanking Company. Note: Savings associations acquired by a BHC and transactions involving SLHCs and savings associations should be reported on the Savings and Loan Schedule.

**For Federal Reserve Bank Use Only**
ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____
If applicable, former d/h _____



Check box if correction ☐

1.a. Event Type (check all that apply):

☐ Acquisition of a Going Concern
☐ De Novo Formation
☐ External Transfer
☐ Internal Transfer
☐ Other, describe: _____
☐ Change in Ownership
☐ Liquidation
☐ Change in Characteristics
☐ Change in Activity or Legal Authority

1.b. **Date of Event:** _____ (MM / DD / YYYY)

☐ No Longer Reportable
☐ Became Inactive
☐ Became Reportable

## Characteristics Section

2.a. _____ Legal Name of Nonbanking Company

2.b. _____ If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. _____ City and County (Physical Location)

_____ State / Province, Country, and Zip / Postal Code

_____ State or Country (if foreign) of Incorporation

3.b. _____ If Relocation or Correction, Prior City and County (Physical Location)

_____ If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4.a. ~~4.~~ If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:

☐ Not Applicable ☐ SEC and CFTC ☐ SEC Only
☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator

4.b ~~5.~~ Is the Nonbanking Company a Financial Subsidiary of an insured depository institution? ☐ Yes ☐ No

~~6.~~ SEC Reporting Status: ☐ Not Applicable ☐ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: ☐☐☐☐☐☐ (see instructions for when applicable; leading six digits only)

8.a. Tax ID Number: ☐☐ – ☐☐☐☐☐☐☐

8.b. Legal Entity Identifier (LEI): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

9. Add new item 5:
Fiscal Year End (IHCs Only):_____
(MM/DD)

10. _____

☐ General Partnership ☐ Limited Partnership
☐ Business Trust ☐ Sole Proprietorship ☐ Mutual
☐ Cooperative ☐ Limited Liability Partnership ☐ Limited Liability Co./Corp.
☐ Limited Liability Limited Partnership ☐ Other, describe: _____

11. Is the Nonbanking Company consolidated in the reporter's financial statements? ☐ Yes ☐ No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary

## Ownership Section (*report at direct holder level* unless otherwise noted)

12. Direct Holder's Name and Location: _____ Legal Name _____ City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: ☐ 100%
☐ 80% to <100% ☐ >50% to <80% ☐ 25% to 50%
☐ <25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization

13.b. Other Interest: ☐ Yes ☐ No

13.c. If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:
☐ General Partner/Managing Member
☐ Limited Partner/Non-Managing Member

14. Control by Direct Holder: ☐ Yes ☐ No

15. Regulation K, Subpart A Investments:
☐ Portfolio Investment
☐ Joint Venture
☐ Subsidiary

16. Former Direct Holder's Name and Location (if applicable):
_____ Legal Name of Former Direct Holder
_____ City, State / Province, Country

## Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

| | Activity Type | FRS Legal Authority Code | NAICS Activity Code | Description of Activity |
|---|---|---|---|---|
| 17.a. | Primary Activity | | | |
| 17.b. | Secondary Activity | | | |
| 17.c. | Termination of Activity | | | |

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**For Federal Reserve Bank Use Only**

ID_RSSD_E1 (ns) _____

ID_RSSD_E2 (s) _____

# Merger Schedule

Use this schedule to report certain types of mergers involving a reporter or company within the reporter's organizational structure.

Check box if correction ☐

1. **First Full Calendar Date the Nonsurvivor No Longer Exists:** _____
(MM / DD / YYYY)

2. Survivor: _____
Legal Name

_____
City, State / Province, Country

3. Nonsurvivor: _____
Legal Name

_____
City, State / Province, Country

*Item 4 only applies to mergers involving an insured depository institution organized under U.S. law.*

4. Did the head office of the nonsurvivor become a branch of the survivor? ☐ Yes ☐ No

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**For Federal Reserve Bank Use Only**
ID_RSSD_TOP (top-tier BHC) _____
ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____

# 4(k) Schedule

Use this schedule to provide required post-transaction notice for activities, formations and acquisitions of companies, and large merchant banking and insurance company investments authorized under Section 4(k) of the Bank Holding Company Act or Section 10(c)(2)(H) of the Home Owners' Loan Act.

Check box if correction ☐

## Post-Transaction Notice Section

1.a. Event Type (check one only):

1.b. **Date of Event:** _____ (MM / DD / YYYY)

- ☐ New Activity Commenced Directly by an FHC or through an Existing Subsidiary
- ☐ New Activity Commenced through Acquisition of a Going Concern
- ☐ New Activity Commenced through a De Novo Formation

2. New Activities Commenced
For the event type checked in item 1.a, report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

| | FRS Legal Authority Code (check one) | NAICS Activity Code | Description of Activity |
|---|---|---|---|
| 2.a. | ☐ 311 / ☐ 312 / ☐ 413 | | |
| 2.b. | ☐ 311 / ☐ 312 / ☐ 413 | | |
| 2.c. | ☐ 311 / ☐ 312 / ☐ 413 | | |

## Large Merchant Banking or Insurance Company Investments Section

Use this section to report certain merchant banking or insurance company investments when the FHC directly or indirectly acquires more than 5 percent of a Nonfinancial Company's voting shares or total equity or assets and the cost of the investment exceeds:

(1) $200 million; or
(2) 5 percent of tier 1 capital, whichever is less.

1.a. Event Type (check one only):

1.b. **Date of Event:** _____ (MM / DD / YYYY)

- ☐ Initial Investment
- ☐ Divestiture
- ☐ No Longer Reportable
- ☐ Name Change

2. Direct Holder's Name and Location

Legal Name

City and County | State / Province | Country

3.a. Legal Name of Nonfinancial Company

3.b. If Name Change or Correction, Prior Legal Name

City and County (Physical Location)

State / Province, Country, and Zip / Postal Code

3.c. Legal Entity Identifier (LEI): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. Direct Holder's Investment in Nonfinancial Company
Report the percentage amount in a, b, or c, as applicable.

a. _____% Voting Securities

b. _____% Total Equity

c. _____% Assets

5. Initial Aggregate Cost of Investment to the FHC: $ _____ (in millions of U.S. dollars)

DRAFT

**For Federal Reserve Bank Use Only**
ID_RSSD _____
County, State and Country Code _____
ID_RSSD_HD_OFF _____
City and Country Code _____

# Domestic Branch Schedule

Use this schedule to report information on:

1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by a top-tier bank holding company (BHC) or a top-tier savings and loan holding company (SLHC) and state member banks that are not affiliated with a BHC; and,
2. Branches of Edge and agreement corporations.

Check box if correction ☐

1.a. Event Type (check all that apply):

1.b. **Date of Event:** _____ (MM / DD / YYYY)

☐ Opening (De Novo) ☐ Purchase of Branches ☐ Acquisition of Branches through Merger/Absorption
☐ Sale of Branches ☐ Closure ☐ Relocation
☐ Name Change ☐ Change in Service Type ☐ Deletion of Erroneously Reported Branch/Office
☐ Other, describe: _____

## Characteristics Section

2. Check applicable service type:

☐ Full Service ☐ Limited Service ☐ Trust ☐ Electronic Banking

3.a. _____
Popular Name

3.b. _____
If Name Change, Prior Popular Name

4.a. Current Address

_____
Current Street Address (Physical Location)

_____
City and County

_____
State, Country, and Zip / Postal Code

4.b. Previous Address (if changes have occurred)

_____
If Relocation or Correction, Prior Street Address (Physical Location)

_____
If Relocation or Correction, Prior City and County

_____
If Relocation or Correction, Prior State, Country, and Zip / Postal Code

5. _____
Head Office Legal Name

_____
City, State, Country, and Zip / Postal Code

6. For event types sales of branches or purchase of branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

_____
Name of Other Depository Institution that Sold or Purchased Branches

_____
Number of Branches Sold or Purchased

_____
City, State, Country, and Zip / Postal Code

DRAFT

| For Federal Reserve Bank Use Only | |
|---|---|
| ID_RSSD | |
| County, State and Country Code | |
| ID_RSSD_HD_OFF | |
| City and Country Code | |

# Foreign Branch of U.S. Banking Organizations Schedule

Use this schedule to report information about foreign branches of U.S. banking organizations, including member banks, Edge and agreement corporations, BHCs, and foreign subsidiaries. The term "foreign" refers to one or more foreign nations, and includes the overseas territories, dependencies, and insular possessions of those nations and of the United States and the Commonwealth of Puerto Rico.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction ☐

1.a. Event Type (check all that apply):

☐ Opening ☐ Closure ☐ Relocation

☐ Other, describe: _____

1.b. **Date of Event:** _____ (MM / DD / YYYY)

## Characteristics Section

2. Office Type:

☐ Full-Service Branch ☐ Shell Branch ☐ Other

3. Date of Board Consent or Prior Notification (if applicable): _____ (MM / DD / YYYY)

4. _____
Popular Name

5.a. Current Address

_____
Current Street Address (Physical Location)

_____
City

_____
Province, Country, and Zip / Postal Code

5.b. Previous Address (if changes have occurred)

_____
If Relocation or Correction, Prior Street Address (Physical Location)

_____
If Relocation or Correction, Prior City

_____
If Relocation or Correction, Prior Province, Country, and Zip / Postal Code

6. _____
Head Office Legal Name

_____
City, State, Country, and Zip / Postal Code

DRAFT

**For Federal Reserve Bank Use Only**
ID_RSSD _____
County, State and Country Code _____
ID_RSSD_HD_OFF _____
City and Country Code _____

# Branch, Agency, and Representative Office of Foreign Banking Organizations (FBOs) Schedule (BARO Schedule)

Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of FBOs, and U.S representative offices of foreign bank subsidiaries of FBOs.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction ☐

1.a. Event Type (check all that apply):

1.b. **Date of Event:** _____ (MM / DD / YYYY)

- ☐ Opening
- ☐ Change in Office Type
- ☐ Commenced Activities through Managed Non-U.S. Branch
- ☐ Other, describe: _____
- ☐ License Issued
- ☐ Became Inactive
- ☐ Ceased Activities through Managed Non-U.S. Branch
- ☐ Relocation
- ☐ License Surrendered

## Characteristics Section

2. Office Type (including managed non-U.S. branches)

☐ Branch ☐ Agency ☐ Representative Office

3. _____
Popular Name

4.a. Current Address

_____
Current Street Address (Physical Location)

_____
City and County

_____
State, Country, and Zip / Postal Code

4.b. Previous Address (if changes have occurred)

_____
If Relocation or Correction, Prior Street Address (Physical Location)

_____
If Relocation or Correction, Prior City and County

_____
If Relocation or Correction, Prior State, Country, and Zip / Postal Code

5. _____
Head Office Legal Name

_____
City, Province, Country, and Zip / Postal Code

DRAFT