



Elaine F. Marshall, Secretary of State
State Agency Liaison Registration Amendment 2019

Previous Registration Information

Name of State Agency Liaison: _____ State Agency: _____

Physical Business Address of State Agency: **(Not a P.O. Box)** _____

Name and Title of State Agency's Authorized Officer: _____

Mailing Address of State Agency's Authorized Officer: _____

Telephone No. of State Agency's Authorized Officer: _____ Fax: _____

E-Mail Address of State Agency's Authorized Officer: _____

Amended Registration Information

Name of Liaison: _____

Physical Business Address of State Agency: **(Not a P.O. Box)** _____

Name and Title of State Agency's Authorized Officer: _____

Mailing Address of State Agency's Authorized Officer: _____

Telephone No. of State Agency's Authorized Officer: _____ Fax: _____

E-Mail Address of State Agency's Authorized Officer: _____

Certification of Amendment

I hereby certify that all information disclosed in the "State Agency Liaison Registration Amendment Statement" is true, complete, and correct in accordance with G.S. §120C-206(c).

Signature of Authorized Officer

Date

Preparer Information if Other than Authorized Officer

Signature of Preparer

Date