



Wyoming Secretary of State

State Capitol Building, Room 110
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Cheyenne, WY 82002-0020
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For Office Use Only

**Foreign Statutory Trust
Application for Amended Certificate of Authority**

Pursuant to W.S. 17-16-1504 of the Wyoming Business Corporation Act, the undersigned statutory trust company hereby applies for an Amended Certificate of Authority to transact business in the state of Wyoming, and for that purpose submits the following statement:

1. A Certificate of Authority was issued to the statutory trust company by the Wyoming Secretary of State on _____, authorizing it to transact business in Wyoming and is presently registered under the name of:
(Date – mm/dd/yyyy)

2. Name of the statutory trust company has been changed to:

3. State or country of organization has been changed to:
(State or country of organization)

4. Organized under the laws of:
(State or country of organization)

5. Date of organization:
(Date – mm/dd/yyyy)

6. Period of duration:

7. Principal office address:

8. Mailing address of the statutory trust company:

9. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic corporation, or foreign corporation authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

10. Names and business addresses of the current trustees:

11. An estimate, expressed in dollars, of the value of the property of the statutory trust located and employed in the state of Wyoming: \$

12. The statutory trust accepts the constitution of the state of Wyoming in compliance with the requirement of article 10, section 5, of the Wyoming Constitution.

13. For name availability purposes list the type of business the statutory trust company will be conducting:

Date:
(mm/dd/yyyy)

Trustee Signature: _____

Print Name:

Contact Person:

Daytime Phone Number:

Checklist

Filing Fee: 25.00 Make check or money order payable to Wyoming Secretary of State.
The completed application must be accompanied by an **original CERTIFICATE OF EVIDENCE of the Amendment**, or a document of similar import, dated not more than sixty (60) days prior to filing in Wyoming. If the amendment involves a name change, the certificate must state the previous name and the new name along with the date of the amendment.
Please submit one **originally signed** document and one exact photocopy of the filing.
Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.