

ANNUAL RENEWAL INFORMATION UPDATE

Dear Capa member please complete this form and return it with your Renewal Payment (see enclosed Invoice). This form is used to update our office records and any changes to your Annual List of Offers and Directors.

Address Information: Please print clearly.

My E-Mail address is _____

_____ No change in address.

_____ Please change my mailing address to:

Name _____ Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Alternate Phone () _____

Annual Officers and Directors List Information: Please print clearly.

_____ No change in officers or directors.

_____ Please change my List as following

Name(s) and Address of Incumbent Officer(s). "We will use your Principal Executive Office Address for all officers and directors unless stated otherwise".

(1) Name of Corporation: _____

President/CEO _____, Director _____

Secretary _____, Director _____

Treasurer/CFO _____, Director _____

(2) Name of Corporation: _____

President/CEO _____, Director _____

Secretary _____, Director _____

Treasurer/CFO _____, Director _____

If you have more than 2 corporations or need to list officers and directors addresses, used the back of this form. If you have any questions, please call customer service at, (877) 489-7087.

"Thank you for choosing Capa," - Customer Services