



# Harvard Business Services, Inc.

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## Change of Address & Contact Form

Company Name:

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State File Number:

**\*PLEASE PRINT CLEARLY\***

### CURRENT COMMUNICATIONS CONTACT INFORMATION ON FILE \*Info must match our records for verification purposes\*

Current Contact Person:  Mr.  Mrs.  Ms.

Street Address:

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City: State: Zip Code:

Province: Country:

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### NEW COMMUNICATIONS CONTACT INFORMATION

New Contact Person:  Mr.  Mrs.  Ms.

Position (\*Required check one):  Director  Officer  Employee  Member  Manager  Designated Agent

Street Address: (Physical street address required to receive service of process. NO PO BOX)

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City: State: Zip Code:

Province: Country:

Phone Number: Fax Number:

Email Address:

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### NEW BILLING ADDRESS Check box if same as above

New Contact Person:  Mr.  Mrs.  Ms.

Mailing Address:

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City: State: Zip Code:

Province: Country:

Phone Number: Fax Number:

Email Address:

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**\*The current contact on file must sign, print and date this form\***

Signature (Required) :

Print Name (Required):

Date:

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RETURN COMPLETED FORM BY EMAIL TO: [mail@delawareinc.com](mailto:mail@delawareinc.com) OR FAX TO: 302-645-2526

OR MAIL TO: Harvard Business Services, Inc., 16192 Coastal Hwy, Lewes, DE 19958