
STATUTORY TRUST REGISTRATION
for non-Maryland Statutory Trust
(Filing Fee \$100)

1) Full legal name in home jurisdiction: _____

2) Name it will use in Maryland if different from above: _____

3) Date of formation: _____

4) Jurisdiction of formation: _____
(Attach evidence of formation from that jurisdiction)

5) Address in State of formation: _____

6) Nature of business in Maryland: _____

7) Name and address (No P.O. Boxes) of resident agent for service of process in Maryland:

If no resident agent in Maryland is named or if the agent cannot be found or served, this Department is appointed as resident agent of this Statutory Trust.

Has this Statutory Trust done business in Maryland prior to this registration?

Yes NO

(If it has, an additional **\$200 Penalty** must accompany this registration)

(Signed: Authorized Person)

(Print name of Authorized Person)

I hereby consent to my designation in this document as resident agent for this Statutory Trust.

(Signed: Resident Agent)

(Print name of Resident Agent)

Where and how do I file my documents? All documents must be submitted to:

State Department of Assessments and Taxation
Charter Division
301 W. Preston Street; 8th Floor
Baltimore, MD 21201-2395

How long will it take to process my documents?

Regular document processing time can be 8 weeks or more.

Expedited processing request will be handled within 7 business days. The expedited service fee is an additional \$50.00 for each document; other fees may also apply.

Fax completed forms with Mastercard or Visa credit card payment information to 410-333-7097. Fax request will be charged the additional expedited service fee. For your convenience a copy of the Charter fax cover sheet is attached.

Documents hand-delivered in limited quantities receive same day expedited service between 8:30 am and 4:30 pm, Monday through Friday.

Mail completed forms to with the appropriate filing fees:

State Department of Assessments and Taxation
Charter Division, 301 W. Preston Street; 8th Floor
Baltimore, MD 21201-2395

All checks must be made out to State Department of Assessments and Taxation.

A schedule of filing fees is available online at <http://www.dat.state.md.us/sdatweb/fees.html>

Notice regarding annual documents to be filed with the Department of Assessments & Taxation:

All domestic and foreign legal entities must submit a Personal Property Return to the Department. Failure to file a Personal Property Return will result in forfeiture of your right to conduct business in Maryland. Copies of the return are available on the SDAT website. The returns are due April 15th of each year.

NOTE: Due to the fact that the laws governing the formation and operation of business entities and the effectiveness of a UCC Financing Statement involves more than filing documents with our office, we suggest you consult an attorney, accountant or other professional. State Department of Assessments & Taxation staff can not offer business counseling or legal advice.

Expedited Request by Fax Cover Sheet

NOTE: All faxed filings and requests are expedited and an expedited filing surcharge beyond the processing fee applies to each request. See Fee Schedule at <http://www.dat.state.md.us/sdatweb/fees.html> for the appropriate fees or e-mail the division at charterhelp@dat.state.md.us or telephone for new filings only 410-767-1340, for all other calls 410-767-1350.

Fax all request to: **(410) 333-7097**

Please type or print legibly, you may also fill this form out on your pc.

Name of entity: _____

Fax number: _____

Phone number: _____ Number of pages transmitted: _____

Contact person: _____

Name and address for return mail: _____

SERVICE REQUESTED Check all that apply

NEW ENTITY FILING	File document	Return original document <small>Note a \$5.00 fee applies to this service</small>
Certified copies of document being filed	_____	Number of certified copies
Short form Certificate of Status	_____	Number of certificates

RECORD REQUEST Department ID number _____

Entity name _____

Certificate of Status for existing entity _____ **Number of certificates**

Copies of documents previously recorded

Attach separate sheet and specify: the name and title of each document; the date of recording, if known; liber and folio, if known; the number of copies wanted of each document.

CREDIT CARD INFORMATION

MASTERCARD

VISA (At this time we only accept Mastercard and Visa)

Cardholder's name _____

Credit card number _____

Expiration date _____

Signature of Cardholder _____

This transaction will not be accepted without a signature.

=====FOR DEPARTMENTAL USE ONLY=====

AUTH NO. _____ CLERK: _____ FEE: _____