COMMONWEALTH OF MASSACHUSETTS
NOTICE OF APPOINTMENT OF REGISTERED AGENT (M.G.L. c. 94F, § 3)
(February 2019)

Please type, or print legibly in permanent blue ink.

The undersigned Non-Participating Manufacturer (NPM), _____ ,

hereby appoints _____ as its Registered Agent in Massachusetts. The Registered Agent is authorized to accept service of process on behalf of the NPM.

The NPM agrees to do the following: (1) provide notice to the Massachusetts Attorney General at least 30 calendar days prior to any termination of the authority of the Registered Agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new Registered Agent at least five calendar days prior to the termination of the existing Registered Agent appointment. The NPM further agrees that if the Registered Agent terminates its agency appointment, the NPM shall provide notice to the Attorney General of the termination within five calendar days and shall include proof to the Attorney General of the appointment of a new agent.

On behalf of the NPM, the undersigned states under penalties of perjury that the statements and information contained in this Notice of Appointment are true and complete and that I am an officer authorized to bind the NPM making this appointment. The failure to file this form may be a basis for removal of the undersigned NPM and its Brand Families from the Directory.

This Notice of Appointment must be signed and dated by the NPM in the presence of a notary public.

Signature of NPM Authorized Officer: _____

Authorized Officer (*print name*): _____

Title: _____

Telephone: _____

Principal Place of Business (*physical address*): _____

_____

Place of Business Telephone: _____

STATE OF _____

COUNTY OF _____

COUNTRY OF _____

On _____, before me, the undersigned notary public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: _____

My commission expires: _____

COMMONWEALTH OF MASSACHUSETTS
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT (M.G.L. c. 94F, § 3)
(February 2019)

Please type, or print legibly in permanent blue ink.

The undersigned Registered Agent, _____ , hereby accepts appointment by the Non-Participating Manufacturer ("NPM"),

_____ , as its Registered Agent in Massachusetts. The Registered Agent hereby affirms it is authorized to accept service of process on behalf of the NPM.

I, the undersigned, consent to serve as the Registered Agent in the Commonwealth of Massachusetts for the above-named NPM, pursuant to M.G.L. c. 94F, § 3. I understand that it will be my responsibility to receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

This Notice of Appointment must be signed and dated by the Agent in the presence of a notary public *in Massachusetts*.

Signature of Registered Agent: _____

Registered Agent (print name): _____

Street Address (*must be within Massachusetts*): _____

_____

City, State, ZIP: _____

Telephone: _____

Fax: _____

Email: _____

STATE OF MASSACHUSETTS

COUNTY OF _____

COUNTRY OF THE UNITED STATE OF AMERICA

On _____, before me, the undersigned notary public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: _____

My commission expires: _____