



MINNESOTA SECRETARY OF STATE

AMENDMENT FORM
INTERNATIONAL STUDENT EXCHANGE VISITOR
PLACEMENT ORGANIZATION

Before completing this form, please read the instructions on the reverse side of this form.

1. The name of the organization is:

2. If the Responsible Officer (the employee with primary responsibility for supervising placements in Minnesota) is being changed, please list the name and address of the new responsible officer. The address must be a complete street address or rural route and rural route box number: a P.O. Box is not acceptable.

Name: _____

Address: _____
Number & Street City State Zip

The person named as responsible officer accepts the duties of Responsible Officer as defined in Minnesota Statutes, Chapter 5A, and Minnesota Rules, Chapter 3650 by signing below.

Title of Responsible Officer

Signature and Title of Responsible Officer _____

3. If the Responsible Officer address is to be changed, please list the new address. The address must be a complete street address or rural route and rural route box number, a P.O. Box is not acceptable.

Address: _____
Number & Street City State Zip

4. If any other information on the original registration has changed, please list the new, accurate information here:

5. The undersigned is authorized to sign this document and file this information on behalf of the international student exchange visitor placement organization named above.

Signature

Date

THERE IS NO FEE FOR THIS FILING

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

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