Office of the Minnesota Secretary of State

Minnesota Cooperative | Annual Renewal

Minnesota Statutes, Section 5.34

Must be filed by December 31

Read the instructions before completing this form.

1. File Number: 2. Home Jurisdiction: **MINNESOTA**

3. Business Name: (Required)

4. Registered Office Address: (Required)

Street Address *(A PO Box by itself is not acceptable)* City State Zip Code

Registered Agent: (if applicable)

5. Principal Place of Business Address: (Required)

Address *(A PO Box by itself is not acceptable)* City State Zip Code

6. Name and Business Address of C.E.O.: (Required)

Chief Executive Officer

Street Address City State Zip Code

Email Address for Official Notices
Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Contact Name Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?
Yes ☐ No ☐

NOTICE: Failure to file this form by December 31 of this year will result in the dissolution of this cooperative without further notice from the Secretary of State, pursuant to *Minnesota Statutes*, section 308A.995 and 308B.121.

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Minnesota Business Snapshot

To better serve Minnesotans, the Office of the Minnesota Secretary of State has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers. We do not independently verify the answers applicants provide. **Again, this survey is voluntary, and the answers are considered public data.** Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?
   - ☐ 0-5
   - ☐ 6-50
   - ☐ 51-200
   - ☐ 201-500
   - ☐ Over 500
2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?
   - ☐ Woman
   - ☐ Member of a community of color
   - ☐ Veteran
   - ☐ Member of a disability community
   - ☐ Member of an immigrant community
3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.
   - ☐ Agriculture, Forestry, Fishing and Hunting (Code 11)
   - ☐ Mining (Code 21)
   - ☐ Utilities (Code 22)
   - ☐ Construction (Code 23)
   - ☐ Manufacturing (Codes 31-33)
   - ☐ Wholesale Trade (Code 42)
   - ☐ Retail Trade (Codes 44-45)
   - ☐ Transportation and Warehousing (Codes 48-49)
   - ☐ Information (Code 51)
   - ☐ Finance and Insurance (Code 52)
   - ☐ Real Estate Rental and Leasing (Code 53)
   - ☐ Professional, Scientific, and Technical Services (Code 54)
   - ☐ Management of Companies and Enterprises (Code 55)
   - ☐ Administrative and Support and Waste Management and Remediation Services (Code 56)
   - ☐ Educational Services (Code 61)
   - ☐ Health Care and Social Assistance (Code 62)
   - ☐ Arts, Entertainment, and Recreation (Code 71)
   - ☐ Accommodation and Food Services (Code 72)
   - ☐ Other Services (except Public Administration) (Code 81)
   - ☐ Public Administration (Code 92)
4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?
   - ☐ Full time
   - ☐ Part time
5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?
   - ☐ $0 - $10,000
   - ☐ $10,001 - $50,000
   - ☐ $50,001 - $250,000
   - ☐ $250,001 - $1M
   - ☐ Over $1M

Print Reset

INSTRUCTIONS

File your business document online by visiting our website at mblsportal.sos.mn.gov/business/search.

All Minnesota Cooperatives governed under *Minnesota Statutes,* Chapter 308A and 308B are required to file an annual renewal once every calendar year. Filing this Annual Renewal does not satisfy any other legal requirement. If Minnesota statutes or rules require a filing with another office, you must submit that filing separately.

If changes to the name or registered agent and office address are necessary, an amendment form along with the annual renewal form and a $35.00 filing fee is required. Changes to the principal place of business and chief executive officer's name and address can be made once a year by filing the annual renewal form with our office.

1. File Number: Provide the file number issued by the Minnesota Secretay of State
2. Home Jurisdiction: This form is to be filed only if the state of incorporation is Minnesota.
3. Business Name: (Required) List the business name on file with the Secretary of State's office.
4. Registered Office Address and Agent, if any: (Required) List the Registered Office Address and Agent, if any on file with the Secretary of State's office.
5. Principal Place of Business Address: (Required) A full street address or rural route and rural route box number is required for filing the annual renewal. A post office box alone is not acceptable.
6. Name and Business Address of Chief Executive Officer: (Required) Fill in the name and complete business address of the Chief Executive Officer or other person who carries out the functions as C.E.O. of the cooperative.

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

Minnesota Business Snapshot. This information is a snapshot of data at the point of time this filing was made. This information is voluntary and may be shared with other agencies or the public for data analysis.

There is no fee for filing the annual renewal if the entity is active and in good standing. An entity that has been dissolved by our office for failure to file an annual renewal, may retroactively reinstate its existence by filing the current year's renewal and paying a $65 fee if submitted by mail, $85 for expedited service in-person and online filings.

Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
First National Bank Building
332 Minnesota Street, Suite N201
Saint Paul, MN 55101
(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

Reporting Business Ownership Information
The Corporate Transparency Act (CTA) goes into effect on **January 1, 2024**. The CTA requires many entities created in or registered to do business in the United States to report information about their beneficial owners to the Financial Crimes Enforcement Network (FinCEN). Go to fincen.gov/boi to determine if the CTA applies to your organization, what information you need to file, and when you need to file it.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.