

Form 706
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: [See instructions](#)



This space reserved for office use.

**Appointment of
Statutory Agent**

Entity Information

The entity named below hereby appoints an agent authorized to receive service of process.

1. The name of the entity is:

2. The federal employer identification number issued to the entity is: _____

The entity does not have a federal employer identification number at this time.

3. The entity is: (Choose only one.)

A. A Texas financial institution filing pursuant to section 201.103, Texas Finance Code.

B. An unincorporated nonprofit association filing pursuant to section 252.011, Texas Business Organizations Code.

C. A defense base development authority filing pursuant to section 378.004(b), Texas Local Government Code.

4. The address of the entity is:

Address *City* *State* *Country* *Zip/Postal Code*

Agent Authorized to Receive Service of Process

The agent named below is authorized to receive service of process on behalf of the entity. By signing this statement, the agent accepts and consents to the appointment made by the entity.

5A. The agent is an organization (cannot be entity named above) by the name of:

OR

5B. The agent is an individual resident of the state whose name is:

First Name *M.I.* *Last Name* *Suffix*

5C. The street address of the agent to which service of process may be delivered or mailed is:

Street Address (No P.O. Box) *City* *State* *Zip Code*

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: _____

Signature of authorized person

Printed or typed name of authorized person (see instructions)

Acceptance and Consent of Agent to Appointment

Signature of agent

Date: _____