IEC

KANSAS SECRETARY OF STATE
Information Report
Electric Coorperative

INSTRUCTIONS FOR FILING AN INFORMATION REPORT

SUBMIT THE DOCUMENTS WITHOUT THIS PAGE

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online. File this document directly online at https://www.sos.ks.gov/businesses/information-reports.html.

How to complete the information report for an electric cooperative:

Each of the numbered instructions below corresponds to a section on the form.

1. List the business's ID number issued by the Kansas Secretary of State (this is not a tax ID number). ID numbers may be found at https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx.

2. Provide the complete legal business name, including words of formation (e.g., Corp., Inc., etc.)

3. Provide the principal office of the business.

   Principal office: Must be a physical address that must include the building number, street, city, state, and zip code. This can't be a PO box. **Do not leave blank.**

4. Provide the reporting year for the information report. This year must reflect the year the report was due.

   For revivals and foreign applications only: Review the instructions for the revival or foreign application to determine the number of information reports needed.

5a. The name of the president, secretary, and treasurer of the electric cooperative must be named along with the title for the officer and the address where they may be regularly located.

5b. Provide each name of the directors of the electric cooperative along with the address where they may be regularly located. The directors may be omitted if the officers are the same individuals.

6. An authorized person on behalf of the business must sign.

Fee Schedule

Information Report

The filing fee for the Information Report is as follows:

Online Information Report: $80
Paper Information Report: $80

Filing Online

The information report may be filed directly online at https://www.sos.ks.gov/businesses/information-reports.html.

Mail to:

Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make checks payable to the Kansas Secretary of State. Once processing the Information Report is completed, a file stamp copy will be available directly online.

Please continue to next page.

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Kansas Attorney General Notice

Effective July 1, 2025, it is required for businesses or individuals owning or acquiring any interest in real property located within 100 miles of the boundary of any military installation located in Kansas, Nebraska, Colorado, Oklahoma, Iowa, and Texas to register said interest with the Kansas Attorney General's Office.

The following are subject to this requirement:

The government, any political party or subdivision, any corporate entity, any agent, or any citizen of the following:

- People's Republic of China (including the Hong Kong special administrative region)
- Republic of Cuba
- Islamic Republic of Iran
- Democratic People's Republic of Korea
- Russian Federation
- Bolivarian Republic of Venezuela
- Any organization that is designated as a foreign terrorist organization

This includes any individual having a controlling interest in any company formed for the purpose of holding interest in real property on behalf of any of the foregoing.

Any of the above businesses or individuals owning an interest in real property described above must submit the Foreign Principal Real Property Interest Registration Form found on the Attorney General's website at https://www.ag.ks.gov to the Kansas Attorney General on or before 90 days of either registering with the Kansas Secretary of State or upon acquisition of the real property.

Contact for Questions:

Kansas Attorney General
Public Protection Division
(785) 296-3751
cprotect@ag.ks.gov

Please proceed to form.

CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

Note: The credit/debit card information will be destroyed upon the filing of the document.

Contact Information

Contact Person

Direct Phone Number for Contact Person

Payment Information

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV **(3 or 4 digit security code on back of card)**

Billing Zip Code

IEC

KANSAS SECRETARY OF STATE

Information Report
Electric Cooperative

Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka, KS 66612

(785) 296-4564
kssos@ks.gov
https://sos.ks.gov

Print | Reset

Please complete the form, print, sign and mail to the Kansas Secretary of State with the filing fee. Selecting 'Print' will print the form and 'Reset' will clear the entire form.

1. Business ID/file number:
Kansas Secretary of State issued file number.

2. Electric cooperative name:
Must match name on record with Kansas Secretary of State.

3. Principal office address:
Must be a street, rural route or highway. **A PO box is unacceptable.**

Do not leave blank.

Street Address **(PO Box is unacceptable) (Required)**

City | State | Zip | Country

4. Reporting year:

Year

5a. Name, title, and address of the president, secretary and treasurer:

All fields are required for the president, secretary and treasurer.

Do not leave blank.

Name | Title: President

Address

City | State | Zip | Country

Name | Title: Secretary

Address

City | State | Zip | Country

Name | Title: Treasurer

Address

City | State | Zip | Country

K.S.A. 17-4634
Rev. 1/23/26 tc

Please continue to next page.

5b. Name and address of each director of electric cooperative:

(Leave this question blank if the directors and officers are the same.)

If additional space is needed, please provide attachment.

Name	Address		
City	State	Zip	Country
Name	Address		
City	State	Zip	Country
Name	Address		
City	State	Zip	Country

6. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Signature of President, Vice President or Secretary (Required) **Title/Position (Required)**

X

Please review to ensure completion.