



Nancy Landry  
Secretary of State



**MANAGED SERVICE/MANAGED SECURITY SERVICE PROVIDERS**

**R.S. 51:2113**

**Managed Service Provider**

**Managed Security Service Provider**

**Return to:**

**Commercial Division**

**P.O. Box 94125**

**Baton Rouge, LA 70804-9125**

**Phone: (225) 925-4704**

**Web Site: [www.sos.la.gov](http://www.sos.la.gov)**

STATE OF \_\_\_\_\_

PARISH/COUNTY OF \_\_\_\_\_

**Initial Registration**

**Renewal Registration**

**Amended Registration**

**MANAGED SERVICE/MANAGED SECURITY PROVIDER'S INFORMATION:**

**Applicant Name:** \_\_\_\_\_

*As registered with Louisiana Secretary of State*

**Address:** \_\_\_\_\_

*Principal Office in state of organization  
(Include City, State and Zip Code)*

**Mailing Address:** \_\_\_\_\_

*(Include City, State and Zip Code)*

**Phone Number:** ( ) \_\_\_\_\_ **Alternate Phone Number:** ( ) \_\_\_\_\_

**CONTACT PERSON'S INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*(Include City, State and Zip Code)*

**Phone Number:** ( ) \_\_\_\_\_ **Alternate Phone Number:** ( ) \_\_\_\_\_

**REGISTERED AGENT'S INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*(Include City, State and Zip Code)*

## OFFICERS, DIRECTORS AND OWNERS

Provide the names and addresses of all officers, directors and owners of 10% or more of the business, as required by R.S. 51:2113(B). Provide an addendum if additional space is needed.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

6. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

7. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

Signature of Applicant or Authorized Representative: \_\_\_\_\_

Printed Name of Applicant or Authorized Representative: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, personally appeared \_\_\_\_\_,  
to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed it as his free act and deed.

\_\_\_\_\_  
Notary Signature, Printed Name, and Notary/Bar Roll Number

**AGENT’S ACKNOWLEDGMENT AND ACCEPTANCE OF APPOINTMENT**

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named entity.

Registered agent(s) signature(s):

\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me, the undersigned Notary Public, on this date: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature, Printed Name, and Notary/Bar Roll Number

## INSTRUCTIONS

1. “Managed Service Provider” means an individual, partnership, corporation, incorporated or unincorporated association, joint stock company, reciprocal, syndicated, or any similar entity or combination of entities that manages a public body’s information technology infrastructure or end-user systems. The term shall not include any entity providing communications services subject to regulation or oversight by the Louisiana Public Service Commission or the Federal Communications Commission.  
  
“Managed Security Service Provider” means an individual, partnership, corporation, incorporated or unincorporated association, joint stock company, reciprocal, syndicated, or any similar entity or combination of entities that provides a managed security service for a public body.
2. The initial registration form must be completely filled out and submitted to the Secretary of State’s office along with a copy of its organizational documents (Articles of Incorporation, Articles of Organization, Articles of Association, Partnership Agreement).
3. The provider must be registered with the Louisiana Secretary of State’s office and must be in good standing.
4. The registration is effective for two years. The renewal application must be submitted to the Secretary of State’s office at least ninety days prior to the expiration of the registration.
5. Changes to the registration form can be made by filing an amended registration, accompanied by supporting documentation (amendments to the Articles of Incorporation, Articles of Organization, Articles of Association or Partnership Agreement), with the Secretary of State’s office within 60 days of the effective date of the change.