

QUALIFIED ORGANIZATION INFORMATION CHANGE

PLEASE PRINT OR TYPE IN
BLUE OR BLACK INK.

Complete this form and return to the address listed above to change the organization information currently on file with the Michigan Lottery.

| | | | |
|-------------------|--|-------------------------------|--------------------------|
| Organization Name | | Telephone Number () | Effective Date of Change |
| | | | Organization ID Number |

ORGANIZATION LOCATION ADDRESS

| | | | | | |
|---------------------------------------|----------|--------|--|----------|--------|
| Current Organization Location Address | | | Change organization location address to: | | |
| Street Address | | | Street Address | | |
| City | ZIP Code | County | City | ZIP Code | County |

ORGANIZATION MAILING ADDRESS

| | | | | | |
|--------------------------------------|-------|----------|---|-------|----------|
| Current Organization Mailing Address | | | Change organization mailing address to: | | |
| Mailing Address | | | Mailing Address | | |
| City | State | ZIP Code | City | State | ZIP Code |

ADD ORGANIZATION OFFICERS

List the name, title, home address, and telephone numbers of each organization officer to be added.

| | | |
|-------|-----------------------|---|
| Name | Street Address | Telephone Number (Day) () |
| Title | City, State, ZIP Code | Telephone Number (Evening) () |
| Name | Street Address | Telephone Number (Day) () |
| Title | City, State, ZIP Code | Telephone Number (Evening) () |
| Name | Street Address | Telephone Number (Day) () |
| Title | City, State, ZIP Code | Telephone Number (Evening) () |
| Name | Street Address | Telephone Number (Day) () |
| Title | City, State, ZIP Code | Telephone Number (Evening) () |

Attach additional sheets if necessary.

REMOVE ORGANIZATION OFFICERS

List the name and title of each organization officer to be removed.

| | |
|------|-------|
| Name | Title |
| Name | Title |
| Name | Title |

Attach additional sheets if necessary.

| | | | |
|--|------------|-------|------|
| Signature of Current Principal Officer | Print Name | Title | Date |
|--|------------|-------|------|

PLEASE MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

