

**Office of the South Carolina Secretary of State
Designation of Registered Agent for Discount Drug Card Sellers**

TYPE OR PRINT CLEARLY WITH BLACK INK:

Name and address of authorized seller of discount drug card(s):

State and date of incorporation of seller if seller is a corporation:

Name and physical address of designated South Carolina agent for service:

South Carolina mailing address of designated agent:

Signature of designated agent:

Filing instructions:

1. Two copies of this form, original and either a duplicate original or a conformed copy, must be filed.
2. Must be signed by the designated agent.

Return to : Secretary of State
 P.O. Box 11350
 Columbia, SC 29211