

**Office of the South Carolina Secretary of State
Designation of Registered Agent for Non-Resident Wholesale
Prescription Drug Distributors**

TYPE OR PRINT CLEARLY WITH BLACK INK

Pursuant to the provisions of Section 40-43-83(B) of the 1976 South Carolina Code of Laws, as amended, the applicant delivers to the Secretary of State the following:

1. Name and address of non-resident wholesale prescription drug distributor:

2. State and date of incorporation of wholesaler if wholesaler is a corporation:

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

4. 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.
3. \$10.00 filing fee made payable to the Secretary of State's Office.

Return to: Secretary of State
1205 Pendleton Street
Suite 525
Columbia, SC 29201