



Business Program  
 Colorado Secretary of State  
 1700 Broadway, Ste. 550 Denver, CO 80290  
 Phone: 303-894-2200  
 Email: [Business@coloradosos.gov](mailto:Business@coloradosos.gov)

Fax: 303-869-4864  
 Website: [www.coloradosos.gov](http://www.coloradosos.gov)

## Weekly Reporting Service of Business Data

Processing fee: Weekly email is \$200.00 per year

Return this form with check or money order to:

Colorado Secretary of State  
 1700 Broadway, Ste. 550  
 Denver, CO 80290

The reporting service is a yearly subscription offered as a weekly e-mail attachment that includes the new business entity records filed during the previous week. Sole proprietorship and general partnership records are not listed on this report since those businesses do not file with the Secretary of State. This information can also be found at no cost on the Colorado Information Marketplace.

The information included on the report is the filing date, entity name, registered agent's name and address, principal office address, entity identification number, and form of entity.

The report is sent as a tab delimited text (.txt) file. The file may be imported into Excel or other spreadsheet or database programs.

The reports do not contain phone numbers, e-mail addresses, other contact information, a description of the business transacted by the entity, tax information, or company size.

The subscription term starts July 1 and ends June 30. Subscription services are not prorated. All requests are paid in advance. Our office will no longer be generating invoices. Please return your payment with this request to avoid interruption in data.

### Contact Information

Company

Address

City

State

ZIP code

Contact

Phone (US)

Email



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## Business Information Survey (Optional)

Submit with your form if you want to add, change, or remove survey information.

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

### Entity information:

ID Number:

Entity name:

### Choose one:

- 1. Remove all survey information from this entity's record.
- OR
- 2. Add or update the survey information on this entity's record as follows:
  - a) Gender
    - Male
    - Female
    - Choose not to answer / Remove this information
  - b) Veteran?
    - Yes
    - No
    - Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at <https://www.naics.com/search/>.

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5

**Filer's information:**

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>