

AFFIDAVIT
REGARDING IMPROPER/OUTDATED USE OR MAINTENANCE OF ADDRESS
MD CODE, CORPORATIONS AND ASSOCIATIONS, § 1-201.2

I, _____, hereby certify:

I am eighteen years of age or older, have personal knowledge and sufficient experience to testify to the matters stated herein and am competent to be a witness in a legal proceeding.

1. The following information concerns the address that is the subject of this affidavit:

(a) Disputed Address:	Street Address		
	Suite/Apt/Unit		
	City	State	Zip Code
(b) Type(s) of Address:	<input type="checkbox"/> Principal Office Address <input type="checkbox"/> Resident Agent's Address <input type="checkbox"/> Mailing Address		
(c) Entity's Name Where Address Appears:			
(d) SDAT Department ID:			

2. I am the (check one):

(a) Complaining Party

☐ **Leaseholder** and took possession of the property on _____ and believe that the disputed address indicated above is being used or maintained in an improper manner in violation of MD CORP & ASSNS § 1-201.2(b).

☐ **Owner** and took ownership of the property on _____ and believe that the disputed address indicated above is being used or maintained in an improper manner in violation of MD CORP & ASSNS § 1-201.2(b).

(b) Responding Party

☐ **Resident Agent** of the entity named in the initial affidavit and do not believe that the disputed address indicated above is being used or maintained in an improper manner in violation of MD CORP & ASSNS § 1-201.2(b).

☐ **"Other Authorized Person"** of the entity named in the initial affidavit and do not believe that the disputed address indicated above is being used or maintained in an improper manner in violation of MD CORP & ASSNS § 1-201.2(b).

3. The factual basis for my belief regarding the disputed address is as follows:

4. ☐ Documents are attached which support the factual basis for my belief (e.g., deed, lease, county land records, etc.).

- a) _____
- b) _____
- c) _____
- d) _____

**5.
Choose one:**

*I solemnly affirm under the penalties of perjury
and upon personal knowledge that the contents
of this document are true.*

*I solemnly affirm under the penalties of perjury
the contents of this document are true to the
best of my information, knowledge, and belief.*

Signature

Date

Signature

Date

6. Printed Name and Address of Person Signing Affidavit

INSTRUCTIONS

This form is used to either challenge or respond to a challenge regarding the improper use or maintenance of an address that has been recorded by SDAT in violation of the MD CORP & ASSNS § 1-201.2(b). This form is NOT used to challenge the existence of a business, the right of a business to operate in Maryland or to resolve private disputes such as alleged trademark infringements or contract breaches.

Complete the entire form: If the form is incomplete, it will be returned to you and SDAT will take no action on your affidavit. You are strongly encouraged to consult with an attorney before completing this affidavit. SDAT staff cannot help you complete this form or provide legal advice.

Certification: Insert the name of the person completing the form. This statement must be true about the person completing the form.

Item 1: (a) Provide the full address that you allege is being used improperly (including numerical address, street name, any suite/apt/unit information, city, state, and zip code. (b) Select the address type. This is where the address appears in the entity's records. (c) Provide the name of the entity where the disputed address appears. (d) Provide the entity's SDAT Department ID number (this will start with a letter followed by a series of numbers).

Item 2: If you are the person alleging that the address is being used in violation of Maryland law, mark only a box under (a). Select if you are the leaseholder or owner (only choose one). If you are the person responding to the affidavit, mark under (b). Select if you are the Resident Agent and/or "Other Authorized Person". An "Other Authorized Person" may include but is not limited to the entity's officers, directors, principals, partners, or an attorney for the entity/business.

Item 3: State the factual basis for your belief disputed address is or is not being maintained or used in violation of the law. You may attach additional paper, if needed. SDAT will not consider statements that are not part of this affidavit in deciding whether to void an address. Any statement you want SDAT to consider in their decision must be included here. You must have firsthand knowledge of the statements made in this affidavit. *(For example: if you are the complaining party, you may state that you own the property and did not give permission for the business to use your address or that the address continues to be used after permission has been withdrawn. If you are the responding party, you may state that you own the property or have other rights to use the property. This is not an exhaustive list.)*

Item 4: If you are attaching supporting documents, check this box. Briefly describe each attachment. You may attach additional sheets of paper to describe your supporting documentation, if necessary. Do not use this section to continue your statement from paragraph 3.

Item 5: Select, sign, and date one of the options to complete the affidavit.

Item 6: Provide the full name and full address of the person completing and signing the affidavit.

Choose one option to submit your affidavit:

Mail your completed and signed affidavit to:

State Department of Assessments and Taxation
Charter Legal, Affidavit Re: Improper/Outdated Address
700 E. Pratt St., 2nd Fl., Ste 2700
Baltimore, MD 21202

Email your completed and signed affidavit to:

sdatt.prohibitedfilings@maryland.gov with "Affidavit Re": Improper/Outdated Address" in the subject line.