**TABLE OF CHANGES – FORM**

**Form I-924, Application for Regional Center Designation Under the Immigrant Investor Program**

**OMB Number: 1615-0061**

**07/28/2020**

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| **Reason for Revision: Final Fee Rule.****Project Phase: Post G-1056**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Please note – all instances of “if any” and “if applicable” have been removed from Form I-924.Expiration Date 07/31/2022Edition Date 07/23/2020 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1** | **[Page 1]****…****To be completed by an attorney or BIA-accredited representative** (if any)**.****Select box if G-28 is attached.****Attorney State Bar Number** (if applicable)**Attorney or Accredited Representative USCIS Online Account Number** (if any)**…** | **[Page 1]****…****To be completed by an attorney or BIA-accredited representative**.**Select box if G-28 is attached.****Attorney State Bar Number****Attorney or Accredited Representative USCIS Online Account Number****…** |
| **Page 1,** **Part 1. Information About the Regional Center**  | **[Page 1]****…****4.a.** In Care Of Name (if any)**4.b.** Street Number and Name or PO Box**4.c.** Apt. Ste. Flr.**4.d.** City or Town**4.e.** State **4.f.** ZIP Code**…****7.** Email Address (if any)**8.** Website Address (if any) | **[Page 1]****…****4.a.** In Care Of Name**4.b.** Street Number and Name or PO Box**4.c.** Apt. Ste. Flr.**4.d.** City or Town**4.e.** State **4.f.** ZIP Code**…****7.** Email Address**8.** Website Address |
| **Page 1,** **Part 2. Information About the Managing Company or Agency** (if different from the regional center entity) | **[Page 1]****…****2.a.** In Care Of Name (if any)**2.b.** Street Number and Name or PO Box**2.c.** Apt. Ste. Flr.**2.d.** City or Town**2.e.** State **2.f.** ZIP Code**…****5.** Email Address (if any)**6.** Website Address (if any)**…** | **[Page 1]****…****2.a.** In Care Of Name**2.b.** Street Number and Name or PO Box**2.c.** Apt. Ste. Flr.**2.d.** City or Town**2.e.** State **2.f.** ZIP Code**…****5.** Email Address**6.** Website Address**…** |
| **Page 2-6,** **Part 4. Information About the Organizational Structure, Ownership, and Control of the Regional Center Entity**  | **[Page 2]****…**List all persons or legal entities or organizations that own or have a percentage of ownership in the regional center entity. For persons, include each owner's name, date of birth, country of birth, U.S. Social Security Number, the percentage of ownership, the position/title held within the regional center (if any), and any other names or aliases used. All such principals are required to provide a copy of a valid government-issued photo identification document and should provide a U.S. Social Security Number. For any owner that is an entity or organization, provide the entity's name, its percentage of ownership, the Federal Employer Identification Number, any trade name (DBA), and list the name of all persons having ownership, control, or a beneficial interest in that entity or organization, their date of birth, country of birth, the percentage of ownership, and the position held (if any) within the entity or organization. For each owner, provide the mailing address, telephone number, email address, and website address. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.**…****[Page 3]****5.** U.S. Social Security Number (if any)**…****7.** Position Held Within the Regional Center Entity (if any)**…****10.e.** Position Held (if any) in the Entity Listed in **Part 4.**, **Item Number 8.*****Other Names Used By the Owners of the Regional* *Center Entity***(if applicable)**…****12.** Trade Name (DBA if any) (for the entity listed in **Part 4.**, **Item Number 8.**)***Mailing Address for the Owners of the Regional* *Center Entity*****13.a.** In Care Of Name (if any)**13.b.** Street Number and Name or PO Box**13.c.** Apt. Ste. Flr.**13.d.** City or Town**13.e.** State **13.f.** ZIP Code**13.g.** Province**13.h.** Postal Code**13.i.** Country**…****16.** Email Address (if any)**17.** Website Address (if any)**[Page 4]****…**List all principals associated with the regional center, other than those already identified in **Part 4.**, **Item Numbers 2.a. - 12.** For each person, include the principal non-owner's name, date of birth, country of birth, U.S. Social Security Number, the position/title held within the regional center entity, and any other names or aliases used. All principals are required to provide a copy of a valid government-issued photo identification document and should provide a U.S. Social Security Number. For each principal that is an entity or organization, provide the name of the entity, the Federal Employer Identification Number, any trade name (DBA), and list the names of all persons having ownership, control, or a beneficial interest in that entity or organization, their date of birth, country of birth, the percentage of ownership, and the position held (if any) within the entity or organization. For each principal, provide the mailing address, telephone number, email address, and website address. If you need extra space to complete this section, use the space provided in **Part 10. 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| **Page 7-8,** **Part 6. Organizational Structure, Ownership, and Control of Any New Commercial Enterprise In Which Investors Have Made or Will Make Their Capital Investments**  | **[Page 7]****…****8.** Position Held Within the New Commercial Enterprise (if any)**…****11.e.** Position Held Within the Entity Listed in **Part 6.**, **Item Number 9.** (if any)**…** | **[Page 7]****…****8.** Position Held Within the New Commercial Enterprise**…****11.e.** Position Held Within the Entity Listed in **Part 6.**, **Item Number 9.** **…** |