**TABLE OF CHANGES – FORM**

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

**OMB Number: 1615-0061**

**05/18/2020**

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| **Reason for Revision: Biometrics Rule****Project Phase:** NPRMLegend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 11/30/2021Edition Date 11/21/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 2-6,****Part 4. Information About the Organizational Structure, Ownership, and Control of the Regional Center Entity** | **[page 3]****…****17.** Website Address (if any)[new]***Information About the Principals of the Regional Center Entity - Non-Owners***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. Additional Information**.**[Page 4]*****Information About the Principal Non-Owner of the* *Regional Center Entity*****18.a.** Family Name (Last Name*)***18.b.** Given Name (First Name*)***18.c.** Middle Name**19.** Date of Birth (mm/dd/yyyy)**20.** Country of Birth**21.** U.S. Social Security Number (if any)**22.** Position Held Within the Regional Center Entity**23.** Entity Name (for a principal of the Regional Center Entity that is an entity or organization)**24.** Federal Employer Identification Number (for a principal of the Regional Center Entity that is an entity or organization)**25.a.** Persons Having Ownership, Control, or Beneficial Interest in the Entity Listed in **Part 4.**, **Item Number 23.****25.b.** Date of Birth (mm/dd/yyyy) **25.c.** Country of Birth **25.d.** Percentage Ownership in the Entity Listed in **Part 4.**, **Item Number 23.** %**25.e.** Position Held (if any) in the Entity Listed in **Part 4.**, **Item Number 23.****…****26.a.** Family Name (Last Name*)***26.b.** Given Name (First Name*)***26.c.** Middle Name**27.** Trade Name (DBA if any) (for the entity listed in **Part 4.**, **Item Number 23.**)***Mailing Address For the Principal Non-Owners of the Regional Center Entity*** **28.a.** In Care Of Name (if any)**28.b.** Street Number and Name or PO Box**28.c.** Apt. Ste. Flr.**28.d.** City or Town**28.e.** State **28.f.** ZIP Code**28.g.** Province**28.h.** Postal Code**28.i.** Country***Contact Information For the Principal Non-Owners of the Regional Center Entity*****29.** Daytime Telephone Number **30.** Fax Number**31.** Email Address (if any)**32.** Website Address (if any)**[Page 5]*****Information About the Regional Center*****33.** Date the Regional Center Entity Was Established (mm/dd/yyyy)**34.** State or Territory Where the Regional Center Entity Was Formed**Geographic Area of the Regional Center** **35.** Have you provided a listing of the geographic components that comprise the limited and contiguous geographic area of the regional center? Y/N**…****36.** Have you provided a map or other illustration that shows the geographic area of the regional center? Y/N**…****37.** The regional center focuses on a limited, contiguous geographical area of the United States? Y/N**38.** The boundaries are reasonable based on evidence that the proposed area is contributing significantly to the supply chain and labor pool of the proposed new commercial enterprises? Y/N **…****39.** Regional Center Entity Federal Employer Identification Number**Administration, Oversight, and Management Functions** **40.** Have you submitted a plan that demonstrates that there are (or will be) sufficient management, oversight, and administrative functions in place to monitor all EB-5 capital investment activities? Y/N**…****41.** Indicate the type of documentation you have submitted to establish the regional center's ownership, structure, control and administration, oversight, and management functions. This list is not exclusive and if you have documentation that is not reflected in the examples listed below, select “Other” and describe the nature of the documentation.**…****42.** Have you submitted documentation, such as a budget, that details how the regional center has or will conduct promotional activities? Y/N**…****[Page 6]****Plan of Operation** **43.** Have you submitted a plan of operation that details how EB-5 investors will be recruited, the methods by which the capital investment opportunities will be offered, and how potential investors will subscribe or commit to the investment? Y/N**…****44.** Has USCIS ever terminated this regional center's designation; or has the regional center entity, principal, managing company, or agent involved with this application ever been associated with a regional center whose designation was terminated; or has the regional center entity, principal, managing company, or agent involved with this application ever filed Form I-924, Application for Regional Center Designation Under the Immigrant Investor Program, or Form I-924 amendment that was denied? Y/NIf you answered “Yes” to **Item Number 44.**, provide an explanation of the denial or termination and/or the association between the regional center principal, managing company, or owner and the denied or terminated regional center in **Part 10. Additional Information** and the following information associated with the denied or terminated regional center:**45.** Regional Center Name**46.** Regional Center Identification Number | **[page 3]****…****17.** Website Address (if any)***Biographic Information for the Owners of the Regional Center Entity*****18.** Ethnicity (Select **only** **one** box)Hispanic or LatinoNot Hispanic or Latino**19.** Race (Select **all** **applicable** boxes)WhiteAsianBlack or African AmericanAmerican Indian or Alaska NativeNative Hawaiian or Other Pacific Islander**20.** Height Feet Inches**21.** Weight Pounds**22.** Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**23.** Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other***Information About the Principals of the Regional Center Entity - Non-Owners***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, any other names or aliases used, and biographic information. 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, position held (if any) within the entity or organization, and their biographic information. For each principal, provide the mailing address, telephone number, email address, and website address. If you need extra space to provide information for each person, use the space provided in **Part 10. 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