



Office of the Secretary of State
Corporations & Charities Division

Mail completed forms to: Corporations and Charities Division
PO Box 40234 Olympia, WA 98504 - 0234

- ☐ Expedite Services \$50
☐ Nonprofit \$10
☐ All Other Entity Types \$60
☐ Delinquency Fee \$25

ANNUAL REPORT

RCW 23.95.255

All fields required unless otherwise specified

This Box For Office Use Only

Failure to file this annual report by your
expiration date will result in a \$25 delinquency
fee and may result in administrative dissolution

Entity Name: _____		UBI: _____	
Has your registered agent changed? <input type="checkbox"/> YES <input type="checkbox"/> NO (if Yes, complete the Statement of Change on page 2)			
Principal Office Street Address (Must be a physical address; No PO Boxes or PMB) Address: _____ _____ Zip: _____ City: _____ State: _____ Country: _____		Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address. Address: _____ _____ Zip: _____ City: _____ State: _____ Country: _____	
Phone: (optional) _____		Email: (optional) _____	
Governor(s) (list at least one, attach additional pages if necessary) *An entity cannot serve as its own Governor Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____			
Nature of Business (briefly describe the type of business your entity conducts in the state of Washington): _____ _____			
Controlling Interest (answer all three questions below) 1. Does your company own real property (including leasehold interests) in Washington? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest? <input type="checkbox"/> YES <input type="checkbox"/> NO			
This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.			
Signature of Authorized Person: _____		Date: _____	
Print Name and Title (if applicable): _____			
Phone: (optional) _____		Email: (optional) _____	

NEW REGISTERED AGENT

Is the Registered Agent a Commercial Registered Agent? ☐ Yes ☐ No

If Yes, provide the name of the Commercial Registered Agent: _____

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below.

A Commercial Registered Agent is an entity/individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

Please check one type of Registered Agent below, provide a street address. Mailing address if needed.

☐ **Individual**

First and last name of a Noncommercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)

☐ **Entity**

Name of a Noncommercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)

☐ **Office or Position**

List the Office or Position service as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member, or

Registered Agent Street Address (required)
(Must be the physical address No PO Boxes or PMB)

Country: United States State: Washington

Address : _____

Zip: _____ City: _____

Registered Agent Mailing Address (optional)

☐ Check if mailing address is the same as street address

Country: United States State: Washington

Address : _____

Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X _____

Signature of Registered Agent

Printed Name/Title

Date