

# **INSTRUCTIONS – DESIGNATION OF REGISTERED AGENT**

**USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

**UBI NUMBER:** Please enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner.

**NAME OF ENTITY:** Indicate the entity name as it is currently recorded with the Office of the Secretary of State.

## **SELECT ONLY ONE AGENT TYPE:**

### **Commercial Agent:**

If using a Commercial Registered Agent (as recorded with the Office of Secretary of State) provide the name of the Commercial Agent and complete the Consent at the bottom of the page.

### **Noncommercial Agent:**

If using a Noncommercial Agent (a person or business) not registered as a Commercial Registered Agent, complete this item with the name, the required physical address in Washington, an (optional) alternate mailing address in Washington, and complete the Consent at the bottom of the page.

### **Office or Position to serve as Agent:**

If the registered agent is going to be a position within the entity such as President, Secretary, or Member then complete this item with the name of the position or office, the required physical address in Washington, an (optional) alternate mailing address in Washington, and complete the Consent at the bottom of the page.

**WASHINGTON STATE ADDRESSES:** Every Registered Agent must have a physical address in **Washington State**. An additional address in **Washington State** may be provided as an alternate mailing address in addition to the physical address.

## **CONSENT OF REGISTERED AGENT:**

A registered agent shall not be appointed without having given prior consent in a record to the appointment. This would be the individual agent or an authorized person representing the entity or office to serve as agent.

**FEES:** There is no filing fee for the Designation of Agent. If expedited service is requested then include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". ***(ALL fees are non-refundable and all documents are public record)***

## **Mail completed forms and payment to:**

### **In Person:**

Secretary of State  
Corporations Division  
801 Capitol Way S  
Olympia, WA 98501-1226

### **By Mail:**

Secretary of State  
Corporations Division  
PO BOX 40234  
Olympia, WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps), call 360-725-0377 or email [corps@sos.wa.gov](mailto:corps@sos.wa.gov).



This Box For Office Use Only

## Designation of Registered Agent

See attached instructions

- Filing Fee - FREE
- Filing Fee with Expedited Service - \$50.00

UBI Number:

**NAME OF ENTITY:** \_\_\_\_\_  
*(As currently recorded with the Office of the Secretary of State)*

### SELECT ONLY ONE AGENT TYPE (RCW 23.95)

<input type="checkbox"/> Commercial Agent	<input type="checkbox"/> Noncommercial Agent (most common)	<input type="checkbox"/> Office or Position
NAME	NAME	NAME
<i>NAME ONLY of Commercial Registered Agent as recorded with the Secretary of State. (Address of Commercial Registered Agent is already on file)</i>	<i>Name of Noncommercial Registered Agent. (Any person or business not registered as a Commercial Registered Agent, must also include the physical address below)</i>	<i>List the Office or Position serving as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member, Treasurer, must also include the physical address below)</i>

### Washington State Physical Address *(Required Only for Noncommercial, Office, or Position):*

Address \_\_\_\_\_

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

### Washington State Alternate Mailing or Postal Address *(optional):*

Address \_\_\_\_\_

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

### REQUIRED ALL - CONSENT TO SERVE AS REGISTERED AGENT:

I hereby consent to serve as Registered Agent in the State of Washington for the above 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