

## **INSTRUCTIONS AMENDED ANNUAL REPORT RCW 23.95.255**

**General Instructions:** Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download, or you can file online at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

**Mail:** Send the completed form and payment to the address listed above.

**Payment:** Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

**Expedited Service:** If expedited service is requested, include an *additional* \$50 fee and check the box indicating expedited service on page 1.

**Fees:** The filing fee is \$10 for all entity types.

**ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.**

**(1) Name of Entity and Unified Business Identifier (UBI):** Provide the entity name and UBI number as recorded with the Office of the Secretary of State of Washington. The entity name and UBI number **must** match our records.

**(2) Registered Agent:** If Registered Agent has changed, select "Yes" and provide the new Registered Agent information on page 2. If "No", continue to next section.

**Registered Agent:** All entities must have a Registered Agent in Washington State per RCW 23.95.415. Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Option 1:** Commercial Registered Agent is an entity or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the entity. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
  - Select "Yes" or "No."
    - If "Yes," provide the name of the Commercial Registered Agent. An address is not required.
    - If "No," continue to Option 2: Noncommercial Registered Agent directions below.
- **Option 2:** Noncommercial Registered Agent is an entity or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the entity.
  - Make **one** selection: Individual, Entity, or Office/Position, and complete the corresponding section.
    - Individual: Write the individual's first and last name.
    - Entity: Write the entity's full name.
    - Office/Position: Write the office or position such as President, Secretary, or Member.
  - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. All registered agent addresses **must** be in Washington State.
  - Provide a contact phone number (optional). If the email address is left blank and the entity is currently recorded as email opt in, the email opt in will be removed. Email opt in means the organization will only receive electronic

notices at the email address provided. The phone and email may be used if there are any questions regarding the submission.

**(3) Principal Office:** Enter the principal office address. This is the location where the entity's records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. This address does not need to be in Washington State. The business phone number is optional. If the email address is left blank and the entity is currently recorded as email opt in, the email opt in will be removed. Email opt in means the organization will only receive electronic notices at the email address provided.

**(4) Governors:** List the current individuals/entities responsible for governing the entity. Attach additional pages if necessary. An entity cannot serve as its own governor. A governor is commonly an entity/individual who has the authority to make decisions on behalf of the entity.

**(5) Nature of Business:** Enter a brief description of the type of business the entity conducts in Washington State.

**(6) Controlling Interest:** Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#) For more information on Controlling Interest, contact Department of Revenue by calling 360-534-1503 or by visiting [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

- Select "Yes" or "No" to questions 1, 2, and 3 of the Real Estate Excise Tax questions that meet the business's recordings.
- If "Yes" is selected to number 2 then you **must** select "Yes" or "No" to 2a.
- If you answered "Yes" to questions 1 AND 2a, you **must** report a Controlling Interest Transfer Return per [RCW 82.45.220](#)

**(7) Authorized Person:** Sign, print, provide the signer's title, and date the document.

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



Office of the Secretary of State  
Corporations & Charities Division

**Physical/Overnight address** **Mailing Address**  
801 Capitol Way S PO Box 40234  
Olympia, WA 98501-1226 Olympia, WA 98504-0234  
Tel: 360.725.0377 [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

This Box For Office Use Only

- ☐ All Entity Types \$10  
☐ To Expedite Filing, Add \$50

## AMENDED ANNUAL REPORT

[RCW 23.95.255](#)

All fields required unless otherwise specified

(1) Entity Name: \_\_\_\_\_ UBI: \_\_\_\_\_

(2) Has your registered agent changed? ☐ YES ☐ NO If Yes, please be sure to complete page 2

(3) PRINCIPAL OFFICE: \*The location where the entity's records are kept

Street Address (Must be a physical address; No PO Box or PMB)	Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address.
Address: _____	Address: _____
Zip: _____ City: _____	Zip: _____ City: _____
State: _____ Country: _____	State: _____ Country: _____

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(4) Governor(s): List at least one, attach additional pages if necessary \*An entity cannot serve as its own Governor

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

(5) Nature of Business \*Briefly describe the type of business your entity conducts in the state of Washington

(6) Controlling Interest [RCW 82.45.220](#) \*Answer all questions below

- Does your entity own real property such as land or buildings (including leasehold interests) in Washington? ☐ YES ☐ NO
- As of January 1, 2019, has the transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16 ⅔ percent interest in the entity? ☐ YES ☐ NO
  - If "yes", has the transfer of stock, other financial interest, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)? ☐ YES ☐ NO
- As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity? ☐ YES ☐ NO

For more information on Controlling Interest, contact Department of Revenue at 360-534-1503 or by visiting [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

(7) I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title (if applicable): \_\_\_\_\_

Phone: (optional) \_\_\_\_\_ Email: (optional) \_\_\_\_\_

**NEW REGISTERED AGENT:****COMMERCIAL REGISTERED AGENT**

A Commercial Registered Agent is an entity or 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 address has been registered with our office.

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

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

The Commercial Registered Agent must sign the consent to serve below.

If No, please continue below

**NON-COMMERCIAL REGISTERED AGENT**

Please complete ONE type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

☐ **Individual**

\_\_\_\_\_  
Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)

☐ **Entity**

\_\_\_\_\_  
Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)

☐ **Office or Position**

\_\_\_\_\_  
Provide the office or position that serves as the Registered Agent (This option is to be selected only if using a specific office or position such as Secretary, Member, or Treasurer. Do not list an entity or individual's name.)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Registered Agent Street Address (required)**  
(Must be a physical address; No PO Box 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.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date