



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

This Box For Office Use Only

- Nonprofit \$10 *Delinquency fee does not apply to a nonprofit entity
- All Other Entity Types \$60
- Delinquency Fee \$25
- To Expedite Filing, Add \$50

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

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)
Address: _____ _____ Zip: _____ City: _____ State: _____ Country: _____	<input type="checkbox"/> Check if mailing address is the same as street address. Address: _____ _____ Zip: _____ City: _____ 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

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington? YES NO
2. 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 2/3 percent interest in the entity? YES NO
 - 2a. 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
3. 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

(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