

## **INSTRUCTIONS: 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. At our website [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) a fillable .pdf version of this form is available or you can file online at [www.ccfs.sos.wa.gov](http://www.ccfs.sos.wa.gov)

**Mail:** Send the completed form and payment to the address listed above. **The post mark date is not the received date.** If the annual report is received in our office past the expiration date, a delinquency fee of \$25 is due for all business types except Nonprofits.

**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.

**Fees:** The filing fee for is \$60 for all business types except Nonprofit businesses. Nonprofit businesses submit a filing fee of \$10. A delinquency fee of \$25 may apply to all business types except Nonprofits, if received in our office past the expiration date.

**Expedited Service:** If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

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

**(1) Business Name:** Provide the name as recorded with the Office of the Secretary of State of Washington.

**Unified Business Identifier (UBI):** Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

**(2) Registered Agent:** If the Registered Agent has changed, indicate by selecting, "Yes" and provide new Registered Agent information.

**NEW Registered Agent:** All businesses 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.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. 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 Noncommercial Registered Agent.
- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the business.
  - Make **one** selection: Individual, Business, or Office/Position, and fill out accordingly.
    - Individual: Write the individual's first and last name.
    - Business: Write the business's full name.
    - Office/Position: Write the office or position such as President, Secretary, Treasurer, or Member.
  - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
  - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

**(3) Principal Office:** If changed, enter the principal office address. This is the place where the business's records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State. Provide the business phone number and email address.

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

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

**(6) Controlling Interest:** Select "Yes" or "No" to the Real Estate Excise Tax questions that meet the businesses recordings. If you answered "Yes" to questions 1 AND 2a, you **must** report a Controlling Interest Transfer Return per RCW 82.45.220. For more information on Controlling Interest, contact Department of Revenue by visiting [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

**(7) Postal Mail Opt-In:** Check this box if the business wants to receive notifications by postal mail. If checked future notifications will be sent by postal mail to the Registered Agent's address.

**(8) 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 [sos.wa.gov/corps](http://sos.wa.gov/corps) 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

- ☐ **Nonprofit \$10** \*Delinquency fee does not apply to a nonprofit entity
- ☐ **All Other Entity Types \$60**
- ☐ **Delinquency Fee, Add \$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](http://RCW 23.95.255)

All fields required unless otherwise specified

(1) **Business Name:** \_\_\_\_\_ **UBI:** \_\_\_\_\_

(2) **Has your registered agent changed? (Check one)** ☐ **YES** ☐ **NO** If Yes, complete page 2

(3) **PRINCIPAL OFFICE:** The location where the business'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. A business cannot serve as its own Governor

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

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

(6) **Controlling Interest** [RCW 82.45.220](http://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 2/3 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) **POSTAL MAIL OPT-IN:** By checking the box the business and Registered Agent will not receive email notifications

☐ The business wants to receive **all** notifications to the Registered Agent by postal mail

(8) **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 a business 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? (Check one) ☐ 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, 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.)

☐ **Business:** \_\_\_\_\_

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

☐ **Office or Position:** \_\_\_\_\_

Do not list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)

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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; 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**