



Office of the Secretary of State  
Corporations & Charities Division

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

This Box For Office Use Only

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

**ANNUAL REPORT**

RCW 23.95.255

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

All fields required unless otherwise specified

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

<input type="checkbox"/> <b>Individual</b>  _____ First and last name of a Noncommercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> <b>Entity</b>  _____ Name of a Noncommercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> <b>Office or Position</b>  _____ 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
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<p><b>Registered Agent Street Address (required)</b> (Must be the physical address No PO Boxes or PMB)</p> <p>Country: <u>United States</u>      State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>	<p><b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u>      State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>
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**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
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