



Office of the Secretary of State
 Corporations & Charities Division
 (360) 725 - 0377 | www.sos.wa.gov/corps
 801 Capitol Way S, 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](#)

All fields required unless otherwise specified

Failure to file this annual report by your expiration date will result in a \$25 delinquency fee and may result in administrative dissolution.
**Delinquency fee does not apply to nonprofit entity types*

Entity Name: _____ UBI: _____

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

Principal Office Street Address (Must be a physical address; No PO Box or PMB)	Mailing Address (optional)
Address: _____	<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? YES 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? YES 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? YES 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) _____

