



Office of the Secretary of State
Corporations & Charities Division

Filing Fee: \$30

With Expedited Service: \$80

For office use only

APPLICATION FOR TRANSFER OF FOREIGN ENTITY REGISTRATION ON MERGER OR CONVERSION

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

1. Foreign Entity Information Prior to Merger or Conversion:

Foreign Entity Name:

UBI#:

Type of Entity Prior to Merger or Conversion (*LLC, Corp., etc.*):

2. Applicant Information:

Name of Surviving or Converted Entity (*as recorded in jurisdiction of record*):

If above name not available, name to be used in WA:

Jurisdiction of Applicant (*State or Country*):

Type of Entity after Merger or Conversion (*LLC, Corp., etc.*):

3. Address of Principal Office (*if different after Merger or Conversion*):

Street Address:

Street Address (*continued*):

City:

State:

Zip:

Mailing Address:

Mailing Address (*continued*):

City:

State:

Zip:

4. Address of Office in Home Jurisdiction (*if required to have one*):

Street Address:

Street Address (*continued*):

City:

State:

Zip:

Mailing Address:

Mailing Address (*continued*):

City:

State:

Zip:



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REQUIRED if a change is made to Entity Name, Entity Type or Jurisdiction: A Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

5. Registered Agent/Office (required if different prior to Merger or Conversion):

Registered Agent is a: <i>(must select one)</i>	Commercial Registered Agent	Non-Commercial Registered Agent
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Current or NewRegistered Agent Name:

Physical Street Address *(required if non-commercial registered agent)*:

City: _____ State: _____ Zip: _____

Mailing Address in WA *(optional)*:

City: _____ State: _____ Zip: _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept Service of Process 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 my address.

Signature	Print Name	Title	Date
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6. Executor Information:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
Signature	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:

**801 Capitol Way S
PO Box 40234
Olympia, WA 98504**

All fees are non-refundable.
All payments must be in US currency or drawn on a US bank.
Make checks and Money Orders payable to:
Secretary of State

INSTRUCTIONS FOR APPLICATION FOR TRANSFER OF FOREIGN ENTITY REGISTRATION

This form is to be used when a foreign entity, who is registered in Washington, merges into a nonregistered foreign entity or converts to a foreign entity required to register with the Secretary of State to do business in Washington. This application must be executed by the surviving or converted entity. (RCW 23.95.545)

1. **ENTITY INFORMATION PRIOR TO MERGER OR CONVERSION**– This is the name of the registered foreign entity before merger or conversion. Please indicate the UBI number and type of entity before the merger or conversion. These fields are **required**.
2. **APPLICANT INFORMATION** – This information is that of the surviving or converted entity. To check the name for availability, please use the search at www.sos.wa.gov/corps , or call our office at 360-725-0377. If an active organization has that name, it is not available. In that case, please give us an alternate name for use in Washington (DBA). We also need the jurisdiction and type of entity of the applicant. These fields are **required**.
3. **ADDRESS OF PRINCIPAL OFFICE** –This is the street and mailing address of the principal office after the merger or conversion. If there is no change after the merger or conversion, this is an **optional** field and you may enter “SAME”.
4. **ADDRESS OF OFFICE IN HOME JURISDICTION** –If you are required to maintain an office in your home jurisdiction, please enter the street and mailing address of that office. If you are not required to maintain an office in your home jurisdiction, this is an optional field and you may enter “N/A”. **Please note, if the name, entity type, or jurisdiction is changed from the original, you must submit a Certificate of Existence with this form.**
5. **REGISTERED AGENT/OFFICE** –If the registered agent name or address has changed after the merger or conversion, you must check what type of registered agent. If you are using a Commercial Registered Agent that is listed in our office as such, please check the appropriate box. If the Commercial Registered Agent is not listed in our office or you are using a Noncommercial Registered Agent, you must enter a street address in Washington. You may also enter a mailing address for notices from our office, but it must be in Washington as well. If the Registered Agent has changed after the merger or conversion, the **Consent to Serve as Registered Agent** must be signed. These fields are **required**, if there has been a change. If no change has occurred, you may enter “SAME”.
6. **EXECUTOR INFORMATION** – Please sign on the signature line, print your name, title with the entity (Attorney, CEO, President, etc.) and date in the appropriate boxes. These fields are **required**.

Submit this form with the Fee of \$30 for regular service (up to two weeks) or \$80.00 for expedited service (1-2 days). All fees are non-refundable. All payments must be in US currency or drawn on a US bank. Make checks and money orders payable to:

Secretary of State
PO Box 40234
Olympia, WA 98504-0234