



INSTRUCTIONS: AMENDED 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 a fillable .pdf version of this form is available or you can file online at www.cafs.sos.wa.gov

Mail: Send the completed form and payment to the address listed above.

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 the Amended Annual Report is \$10.00

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. 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. The 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, notices, or demands required or permitted by law to be served on behalf of the business.
 - Identify the Registered Agent.
 - Individual: Write the individual's first and last name.
 - Business: Write the business' full name.
 - Office/Position: Write the office or position title held within the business 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: Provide the principal office address. This is the place where the business' 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](#). Indicate by checking "Yes" or "No" in question 3 if this has been filed with the Department of Revenue. For more information on Controlling Interest, contact Department of Revenue by visiting 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 email corps@sos.wa.gov or call 360-725-0377.



Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

- All Business Types \$10
- To Expedite Filing, Add \$50

AMENDED ANNUAL REPORT

[RCW 23.95.255](#)

All fields **REQUIRED** unless otherwise specified

(1) Business Name: _____ UBI No.: _____

(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 <small>(Must be a physical address; No PO Box or PMB)</small>	Mailing Address <i>(optional)</i> <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](#) Answer all questions below

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
 YES NO
2. In the past 12 months, has there been a transfer of at least 16 2/3 percent of the ownership, stock, or other financial interest in the entity? YES NO
 - 2a. If "yes", in the past 36 months, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity? YES NO
3. If you answered "yes" to question 2a, has the controlling interest transfer return been filed with Department of Revenue?
 YES NO

For more information on Controlling Interest, contact Department of Revenue by visiting 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: [RCW 23.95.420](#)

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 business. The Commercial Registered Agent's 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

A Non-Commercial Registered Agent is an individual, business, or an office or position that is not registered as a Commercial Registered Agent.

- If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- If a **business** is serving as the Registered Agent, only provide the name of the business below.
- If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: _____

Phone: _____	Email: _____
Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB)	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____ _____	Address : _____ _____
Zip: _____ City: _____	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**