



**Physical/Overnight address:**

801 Capitol Way S  
Olympia, WA 98501-1226

**Mailing address:**

PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377  
sos.wa.gov/corps

## **INSTRUCTIONS: FOREIGN REGISTRATION STATEMENT RCW 23.95**

**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.cafs.sos.wa.gov](http://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 is \$180 for all business types. Nonprofit Corporations must use the new Foreign Nonprofit Registration Statement.

**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.**

**Required:** A Certificate of Existence/Good Standing or document of similar import from the home jurisdiction issued no more than 60 days before the date of submission must be attached to this filing. Failure to do so will result in the Foreign Registration Statement being returned for correction. Contact your Secretary of State or your keeper of corporate records for instructions on obtaining this document.

**(1) Regualification:** If this business has previously registered with our office, indicate so by checking "Yes" and provide the UBI number and the previous registration expiration date. In addition, under section (13), "Date Began Doing Business in Washington," enter the last registration expiration date. Back fees may apply. Contact our office for details and fee calculation.

**(2) Unified Business Identifier (UBI):** If the business has previously filed with another state agency such as the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department, the business may already have a 9-digit UBI number that can be entered. Do not enter the UBI number of a Sole Proprietorship or General Partnership. If the business does not have a UBI number, select "No" and continue with the filing. If "No" is selected, the business will be issued a UBI number upon successful completion of the filing.

**(3) Business Name:** Provide the name for review. If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided select "No".

Enter the name as it appears on the Certificate of Existence/Good Standing from the home jurisdiction. For naming requirements see [RCW 23.95.305](http://RCW 23.95.305) for the specific business type.

**(4) Doing Business As (DBA) Name:** If the name of the business is not available in Washington or the designation does not meet statutory requirements, choose an alternate name (DBA) to use in Washington. Refer to [RCW 23.95.525](http://RCW 23.95.525) for more information.

**(5) Jurisdiction:** Enter the home state or country under whose law the organic documents are filed.

**(6) Business Type in Home Jurisdiction:** Select the type of structure the business is filed as in the home jurisdiction.

**(7) 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.

**(8) Principal Office:** 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.

**(9) Governors:** List the 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.

**(10) Date of Formation:** Enter the date of formation as recorded in the home jurisdiction.

**(11) Period of Duration in Home Jurisdiction:** Enter the business’s period of duration as it is recorded in the home jurisdiction.

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

**(13) Date Began Doing Business:** Select the date the business began or will begin doing business in Washington State.

**(14) Effective Date:** Select the date this filing is to be effective. If “Date of Filing” is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

**(15) Return Address for this Filing:** If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent’s address.

**(16) 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](https://sos.wa.gov/corps) email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call 360-725-0377.



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This Box For Office Use Only

☐ Profit Business Types Filing Fee \$180

☐ To Expedite Filing, Add \$50

## PROFIT FOREIGN REGISTRATION STATEMENT

### RCW 23.95

All fields **REQUIRED** unless otherwise specified

#### (1) REQUALIFICATION:

Has this business previously registered with the Office of the Secretary of State? (Check one) ☐ Yes ☐ No

If Yes, provide the UBI No. and Expiration date: UBI No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

(2) Do you already have a UBI No.? (Check one) ☐ Yes ☐ No If Yes, provide UBI No.: \_\_\_\_\_

If No, a new UBI No. will be issued to you upon successful completion of the filing.

(3) BUSINESS NAME: \_\_\_\_\_

Name must match the name listed on the Certificate of Existence/Good Standing

Does the business have a name reserved? (Check one) ☐ Yes ☐ No If Yes, provide the Name Reservation Number

Reservation Number: \_\_\_\_\_

For name requirements, please see the following RCW(s) as shown below.

Profit Corporation - [RCW 23.95.305 \(1\)](#).

Limited Liability Company - [RCW 23.95.305 \(5\)](#)

Limited Partnership - [RCW 23.95.305 \(3\)](#),

Limited Liability Partnership - [RCW 23.95.305 \(4\)](#).

(4) DOING BUSINESS AS (DBA) NAME: [RCW 23.95.525](#)

If above name is not available, enter a name to be used in Washington State. \_\_\_\_\_

#### (5) JURISDICTION:

Country: \_\_\_\_\_ State: \_\_\_\_\_

#### (6) BUSINESS TYPE IN HOME JURISDICTION: (Check one)

- ☐ Profit Corporation ☐ Limited Liability Company ☐ Professional Service Corporation
- ☐ Professional Limited Liability Company ☐ Limited Partnership ☐ Limited Liability Partnership
- ☐ Limited Liability Limited Partnership ☐ Professional Limited Liability Partnership ☐ Bank Corporation
- ☐ Bank Limited Liability Company ☐ Cooperative Association ☐ Credit Union ☐ Insurance Company
- ☐ Savings and Loan Association

**(7) 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: _____
<b>Registered Agent Street Address (<i>required</i>)</b> (Must be a physical address; No PO Box or PMB)	<b>Registered Agent Mailing Address (<i>optional</i>)</b> <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.

_____ <b>Signature of Registered Agent</b>	_____ <b>Printed Name/Title</b>	_____ <b>Date</b>
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**(8) PRINCIPAL OFFICE:** The place where the business's records are kept

**Street Address**

(Must be a physical address; No PO Box or PMB)

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing Address (optional)**

☐ Check if mailing address is the same as street address

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**(9) GOVERNOR(S):** A business cannot serve as its own Governor

List at least one, attach additional pages if necessary

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

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

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

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**(10) DATE OF FORMATION IN HOME JURISDICTION:** \_\_\_\_\_

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**(11) PERIOD OF DURATION IN HOME JURISDICTION:** Check ONE of the following

☐ This Company has a perpetual duration ☐ This Company has a duration of \_\_\_\_\_ years.

☐ This Company expires on \_\_\_\_\_

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**(12) NATURE OF BUSINESS:** Briefly describe the type of business your business conducts in Washington State

\_\_\_\_\_  
\_\_\_\_\_

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**(13) DATE BEGAN DOING BUSINESS IN WASHINGTON:** Check ONE of the following:

☐ Date of filing ☐ Specify a date \_\_\_\_\_

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**(14) EFFECTIVE DATE:**

☐ Date of filing   ☐ Specify a date \_\_\_\_\_ (cannot be more than 90 days from received date)

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**(15) RETURN ADDRESS FOR THIS FILING: *(optional)***

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

**Attention:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**(16) AUTHORIZED PERSON:**

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

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Signature of Authorized Person	Printed Name/Title	Date
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