



Office of the Secretary of State
Corporations & Charities Division

Physical/Overnight address Mailing Address
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This Box For Office Use Only

- Filing Fee \$10
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INITIAL REPORT

[RCW 23.95.255](#)

All fields required unless otherwise specified

(1) Business Name: _____ **UBI:** _____

(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>
<p><input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Address: _____</p> <p>_____</p> <p>Zip: _____ City: _____</p> <p>State: _____ Country: _____</p>	<p>Address: _____</p> <p>_____</p> <p>Zip: _____ City: _____</p> <p>State: _____ Country: _____</p>

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) 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

(7) 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

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 corporation. A Commercial Registered Agent 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

Please complete **ONE** type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> Individual: _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Business: _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Office or Position: _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____ City: _____	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> Address : _____ _____ 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
