WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
www.sos.wa.gov/corporations

INSTRUCTIONS: AMENDED ANNUAL REPORT RCW 23.95.255

Purpose: An Amended Annual Report may be used by any domestic or foreign business entity to update the principal office, governors, or the most recently recorded controlling interest questions of a business or nonprofit.

This form can also be used by a nonprofit corporation, nonprofit miscellaneous and mutual corporation, or a limited liability partnership to initially list the principal office and governors if needed prior to filing its first annual report. Submission of this form does not impact the business's expiration date and cannot replace the required annual report.

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/corporations a fillable .pdf version of this form is available or you can file online at https://ccfs.sos.wa.gov

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

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

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* $100 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) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.

WASHINGTON
Secretary of State
Corporations & Charities Division

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

☐ **All Business Types $10**

☐ **To Expedite Filing, Add $100**

AMENDED ANNUAL REPORT

RCW 23.95.255

All fields REQUIRED unless otherwise specified

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

(2) Has your registered agent or their contact details changed? (Check one) ☐ **Yes** ☐ **No** **If Yes, complete page 2**

(3) PRINCIPAL OFFICE: **The location where the business's records are kept**

Street Address (*required*)
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: _____

Email (*required*)**:** _____

Phone (*optional*)**:** _____

(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 ⅔ 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) AUTHORIZED PERSON:

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 **Printed Name/Title** **Date**

NEW REGISTERED AGENT: Required ONLY if question 2 was marked Yes

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a Registered Agent in Washington State per RCW 23.95.415

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent***.** The appointed agent must sign the **Consent to Serve** statement below.

COMMERCIAL REGISTERED AGENT

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent 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 this office in advance and does not need to provide it with this submission.

If applicable, provide the name of the Commercial Registered Agent: _____

NON-COMMERCIAL REGISTERED AGENT

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

If multiple types are listed the first type will be entered by this office

- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
- **Type 3:** 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: _____

Email ***(required)*****:** _____

Phone: (***optional)*** _____

Street Address: (***required***)	**Mailing Address** (***optional***)
Must be a physical address; No PO Box or PMB	☐ **Check if mailing address is the same as street address**
Country: **United States** **State**: **Washington**	**Country**: **United States** **State**: **Washington**
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**