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: TRANSFER OF FOREIGN REGISTRATION RCW 23.95.545

Purpose: Transfer of Registration is used when two foreign businesses merge into one when one of the business entities is not registered with our office. Within the merger, the non-surviving business, which is a registered foreign business entity in Washington State, transfers its unified business identifier "UBI" to the surviving business, which is not currently registered in Washington State as a foreign business entity, but qualifies as transacting business in Washington State based on the merger.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at www.sos.wa.gov/corporations

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. Provide an email address for the registered agent AND the principal office as required.

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. Banks, Credit Unions, and Savings & Loans business entities must use the Foreign Bank/Credit Union Registration Statement.

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) Business Name to which the Registration is Transferred via Merger: Provide the name for review. 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 for the specific business type.

(3) 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 for more information.

(4) Business Entity Type and Jurisdiction: Provide the business entity type and enter the home state or country under whose law the organic documents are filed.

(5) 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.

(6) 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.

(7) 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.

(8) 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.

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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

☐ **Filing Fee $30**

☐ **To Expedite Filing, Add $100**

APPLICATION FOR TRANSFER OF FOREIGN REGISTRATION

RCW 23.95.545

All fields REQUIRED unless otherwise specified

REGISTERED BUSINESS ENTITY INFORMATION

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

NON-REGISTERED BUSINESS ENTITY INFORMATION: A Certificate of Existence is required to be submitted

(2) BUSINESS NAME TO WHICH THE REGISTRATION IS TRANSFERRED VIA MERGER:

_____

(3) DOING BUSINESS AS (DBA) NAME: RCW 23.95.525 If name is not available, enter a name to be used in Washington State

_____

(4) BUSINESS ENTITY TYPE: _____ **JURISDICTION:** _____

(5) 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)*: _____

(6) Has your registered agent or their contact details changed? (Check one) ☐ Yes ☐ No If Yes, complete page 3

(7) 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: _____

(8) 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**

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

NEW REGISTERED AGENT: Required ONLY if question 6 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*) **Must be a physical address; No PO Box or PMB**	**Mailing Address (*optional*)** ☐ **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**