



## **INSTRUCTIONS: COMMERCIAL LISTING STATEMENT RCW 23.95.420**

**Purpose:** A commercial listing statement may be used by a business or an individual to register with this office as a commercial registered agent. A commercial registered agent is in business to receive legal documents, notices, or demands on behalf of one or more businesses.

Upon completion of this submission the contact information of the commercial registered agent will be placed on record with the Secretary of State. If represented business entities are provided, the commercial registered agent will be reflected as the registered agent for those businesses.

**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 at our website [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or you can file online at [www.cdfs.sos.wa.gov](http://www.cdfs.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 Commercial Listing Statement is \$10.

**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.

**Purpose:** A commercial listing statement may be submitted by a business or an individual to register with this office as a commercial registered agent.

### **ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.**

**(1) Commercial Registered Agent Name:** Provide the name of the Commercial Registered Agent.

**(2) Type of Commercial Registered Agent:** Select if the type of agent will be an individual or a business. If "business" is selected provide the business type, country, and state. If "business" is selected the business must be registered with our office.

**(3) Commercial Registered Agent Info:** Provide the contact number and email address. Provide the required **physical** street address of the Commercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State. Under the consent to serve as the registered agent sign, print, provide the signer's title, and date the document.

**(4) Commercial Registered Agent Attestation:** Select the first check box if the Commercial Registered Agent will accept service of process in a form other than a written record. The second check box must be selected, by selecting this check box you are affirming that the individual or business is in the business of service as a commercial registered agent in Washington State.

**(5) Represented Business Entities:** Provide the UBI and business name of each business that the Commercial Registered Agent represents. Once completed the Commercial Registered Agent will be listed as the Registered Agent for each business listed in this section. If there are more than 11 businesses an additional sheet(s) may be attached.

**(6) Return Address for this Filing:** If provided, the confirmation regarding this specific filing will be sent to this address.

**(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](http://www.sos.wa.gov/corporations) to chat with a representative.



**WASHINGTON**  
Secretary of State

Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

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

Tel: 360.725.0377 | Website: [www.sos.wa.gov/corporations-charities](http://www.sos.wa.gov/corporations-charities)

**THIS BOX FOR OFFICE USE ONLY**

Filing Fee \$10

To Expedite Filing, Add \$100

**LISTING STATEMENT**

Commercial Registered Agent

[RCW 23.95.420](#)

All fields are **REQUIRED** unless otherwise specified

**(1) NAME OF 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 has the business'/individual's address on record with this office.

**(2) TYPE OF COMMERCIAL REGISTERED AGENT:**

Select the type of Agent:

Individual

Business If selected, the business must be registered with our office and provide the business type, country, and state.

Business Type: \_\_\_\_\_ Country: \_\_\_\_\_ State: \_\_\_\_\_

**(3) COMMERCIAL REGISTERED AGENT INFO:**

Phone: (optional) \_\_\_\_\_ Email: \_\_\_\_\_

**Registered Agent Street Address: (required)**  
**Must be a physical address; No PO Box or PMB**

Country: United States State: Washington

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

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

**Registered Agent Mailing Address (optional)**  
 Check if mailing address is the same as street address

Country: United States State: Washington

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

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

**CONSENT TO SERVE AS REGISTERED AGENT**

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**

\_\_\_\_\_  
**Date**

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**(4) COMMERCIAL REGISTERED AGENT ATTESTATION**

- I will accept services of process, notices and demands in a form other than a written record. *(optional)*
- I am affirming that I am in the business of service as a commercial registered agent in Washington State.

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**(5) REPRESENTED BUSINESS ENTITIES:**

List all business that you will be serving as the Commercial Registered Agent for in Washington State. Attach additional pages if necessary.

1. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
2. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
3. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
4. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
5. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
6. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
7. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
8. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
9. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
10. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
11. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_
12. UBI: \_\_\_\_\_ and Business Name: \_\_\_\_\_

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**(6) 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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**(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.**

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**Signature of Authorized Person**

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**Printed Name/Title**

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**Date**

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