

This Box For Office Use Only



Office of the Secretary of State  
Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps  
801 Capitol Way S, Olympia, WA 98504-0234

- No Filing Fee
- Expedited Services \$50

### Commercial Statement of Change

RCW 23.95.440

**Current Name of Commercial Registered Agent** (as currently recorded with the Office of the Secretary of State):  
CORPORATION SERVICE COMPANY

**Is the Name of the Commercial Registered Agent changing** (check one)  Yes  No

If No, please continue to "Type of Commercial Registered Agent"

If Yes, please provide the new name below

**TYPE OF COMMERCIAL REGISTERED AGENT:**

Please select the type of Agent (Check one)  Individual  Entity

If Individual, continue to "Commercial Registered Agent Address"

If Entity, has any of your information changed? (check one)  Yes  No

If No, continue to "Commercial Registered Agent Address"

If Yes, please provide the changes that have occurred:

Entity Type: \_\_\_\_\_ Country: \_\_\_\_\_ State: \_\_\_\_\_

**COMMERCIAL REGISTERED AGENT ADDRESS:**

Please fill out any information that has changed and then continue to page 2

Phone: 800 927-9800

Email: compliance@cscglobal.com

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

Country: United States State: Washington

Address: MC - CSC1  
300 Deschutes Way SW, Suite 208

Zip: 98501 City: Turnwater

**Registered Agent Mailing Address (optional)**

Check if mailing address is the same as street address

Country: United States State: Washington

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

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

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**COMMERCIAL REGISTERED AGENT ATTESTATION:** RCW 23.95.440

By checking this box, the agent listed understand that they are responsible for promptly furnishing to each entity they represent a notice of this filing/record.

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**RETURN ADDRESS FOR THIS FILING:** *(Optional)*

This address will be sent document( s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/ mailing address.

Attention to: \_\_\_\_\_

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

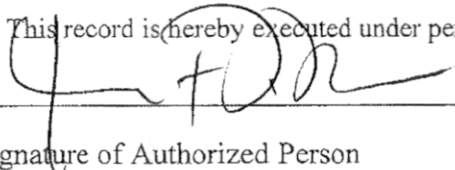
Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**AUTHORIZED PERSON:**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.



Janet Budhu, Asst. VP

01/08/2020

Signature of Authorized Person

Printed Name/Title

Date