

Annual Report for fiscal year _____ (enter the CURRENT calendar year) for Corporations, Limited Partnerships, Voluntary Associations, and/or Business Trusts (per WV Code [59-1-2a](#))

Important Note: This form is a public document. Please **DO NOT** provide any personal identifiable information on this form such as social security numbers, bank account numbers, credit card numbers, or driver's license numbers.

1. Name of the Organization: _____

2. Incorporation or Qualification Date: _____ In which state: _____

3. Tax ID #: _____ County: _____ County Code*: _____ Business Class Code*: _____

*If you do not know the codes, you may leave the above sections blank.

4. Principal Office Address: | Address 1: _____
| Address 2: _____
| City: _____ State: _____ Zip Code: _____

5. Principal Mailing Address: | Address 1: _____
| Address 2: _____
| City: _____ State: _____ Zip Code: _____

6. Designated Office Address: | Address 1: _____
| Address 2: _____
| City: _____ State: _____ Zip Code: _____

90 Name and Mailing Address of person (agent) to whom notice of legal process may be sent, if any: | Name: _____
| Address 1: _____
| Address 2: _____
| City: _____ State: _____ Zip Code: _____

*If new agent, furnish new agent's signature: _____

8. 'Business E-mail Address where business correspondence may be sent: _____

9. 'Website address of the business, if any (ex: yourdomainname.com): _____

10. 'Total number of employees: _____

11. 'Total number of West Virginia residents: _____

12. Is this a minority owned business? Yes No Decline to answer

13. Is this a woman owned business? Yes No Decline to answer

14. Do you own or operate more than one business in West Virginia? Yes * Answer a. and b. below. No Decline to answer

If "Yes"... a. How many businesses? _____ b. Located in how many West Virginia counties? _____

**West Virginia Secretary of State Annual Report for Corporations, Limited Partnerships,
Voluntary Associations, and/or Business Trusts**

Rev. 9/12/2018

15. Veteran Employees and Veteran Owner Information:

a. Does your organization employ individuals who are United States Armed Forces veterans? Yes* No Decline to answer

* If "Yes," enter the total number of veterans it employs. _____

b. Is(Are) the owner(s) of the organization a United States Armed Forces veteran(s)? Yes No Decline to answer

16. List names and addresses of the entity's parent company, if any. Also, list each entity's subsidiaries that are licensed to do business in WV. Please check whether each name is a Parent or a Subsidiary by checking the appropriate box next to the appropriate letter ("P" for Parent, "S" for Subsidiary) for each line. Attach additional sheet if necessary.

Organization Name

Mailing Address

P

S

P

S

17. Officer/Partner/Member Information: List the name and address of each officer/partner/member having authority to sign filings (attach additional pages if necessary):

<u>Officer Title</u>	<u>Officer Name</u>	<u>No. & Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

18. REPORT MUST BE SIGNED for the organization by a(an): (1) officer of a Corporation, (2) general partner of a Limited Partnership (3) member or officer of a Voluntary Association or Business Trust.

Signature: _____

Date: _____

Title/Capacity of signer: _____

Phone: _____

FILING FEE: If paid by **JUNE 30** deadline \$25
 If paid **after JUNE 30** deadline . . . \$75 for Profit entity (includes \$50 late fee)
 \$50 for Non-Profit entity (includes \$25 late fee)

MAKE CHECK, MONEY ORDER, OR CASHIER'S CHECK PAYABLE TO: West Virginia Secretary of State

MAIL COMPLETED REPORT AND PAYMENT TO ONE OF THE BUSINESS CENTERS BELOW:

<p><u>Charleston Office</u> One-Stop Business Center 13 Kanawha Blvd. West Suite 201 Charleston, WV 25302 Phone: (304) 558-8000 Fax: (304) 558-8381 Hours: Mon. - Fri. 8:30a - 5:00p EST</p>	<p><u>Clarksburg Office</u> North Central WV Business Center 153 West Main Street Suite G- Third Floor Clarksburg, WV 26301 Phone: (304) 367-2775 Fax: (304) 627-2243 Hours: Mon. -Fri. 9:00a - 5:00p EST</p>	<p><u>Martinsburg Office</u> Eastern Panhandle Business Center 229 E. Martin Street Martinsburg, WV 25401 Phone: (304) 356-2654 Fax: (304) 260-4360 Hours: Mon. - Fri. 9:00a - 5:00p EST</p>
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Rev. 02/2023

Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

READ CAREFULLY BEFORE SUBMITTING - Expedite service is **NOT AVAILABLE** for the following filings:

- >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations
- >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

Order Processing Requested*:

***** Expedite Processing Requires Additional Fees *****

Standard Processing**
(Avg. processing turnaround
5-10 business days)

Next Business Day Expedite***
(additional \$25.00 fee included)

2-HOUR Expedite
(additional \$250.00 fee included)

1-HOUR Expedite
(additional \$500.00 fee included)

Email to: CorpFilings@wvsos.com

Email to: eFilings@wvsos.com

ALL Requests for Copies of documents email to: Copies@wvsos.gov

*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.

**Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information.

***NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a Next Business Day Expedite fee of \$25.00 per order.

Name of Entity: _____

Return filing to:
(Return Address) _____

Contact Name: _____ Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: _____ Fax to: _____

Hold for Pick Up Mail to Return Address above FedEx: Acct # _____

Other (explain below): _____ UPS: Acct # _____

Order Description (include items being ordered and fee breakdown):

* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

Total Amount:

Payment Method:

Check/Money Order

Credit Card (Must attach [e-Payment Authorization](#) request form including payment information.)

Cash (*Do Not mail cash*)

Pre-paid Acct #: _____ Attach signed pre-paid slip.

