

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

1. Name of the Organization: _____

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

3. Tax ID #:

--	--	--	--	--	--	--	--	--	--

 County: _____

County Code*: _____ Business 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. 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**: _____

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

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

9. Total number of employees: _____

10. Total Number of West Virginia Residents: _____

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

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

13. 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? _____

14. 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

15. 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.

	<u>Organization Name</u>	<u>Mailing Address</u>
<input type="checkbox"/> P <input type="checkbox"/> S	_____	_____
<input type="checkbox"/> P <input type="checkbox"/> S	_____	_____

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

Rev. 9/12/2018

16. Presidents/VP/Secretary/Treasurer/Other Officers Information: List the name and address of each Presidents/VP/Secretary/Treasurer/other officers 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17. 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: _____



READ INSTRUCTIONS BELOW CAREFULLY BEFORE SUBMITTING YOUR APPLICATION!

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

MAIL COMPLETED APPLICATION, ATTACHED ANNUAL REPORT, AND WEST VIRGINIA STATE TAX DEPARTMENT STATEMENT OF GOOD STANDING (*NOT* THE STATE TAX DEPARTMENT "REQUEST FOR STATEMENT OF GOOD STANDING" FORM *GSR-01*) WITH PAYMENT TO ONE OF THE BUSINESS CENTERS BELOW:

Charleston Office

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

Clarksburg Office

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

Martinsburg Office

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