

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. 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.

Organization Name Mailing Address

[] P [] S _____ [] P [] S _____

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

Rev. 9/12/2018

16. **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>

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: _____

FILING FEE: If paid by **JULY 1** deadline **\$25**
 If paid **after JULY 1** 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:

<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	<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	<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
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West Virginia Secretary of State
 Business & Licensing Division
 Tel: (304)558-8000
 Fax: (304)558-8381
 Website: www.wvsos.gov

Rev. 12/2022

Customer Order Request SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

STOP **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** * * *

<input type="checkbox"/> Standard Processing** Avg. Processing Time: 5-10 business days Email to: CorpFilings@wvsos.com	<input type="checkbox"/> 24-HOUR Expedite*** (additional \$25.00 fee included)	<input type="checkbox"/> 2-HOUR Expedite (additional \$250.00 fee included)	<input type="checkbox"/> 1-HOUR Expedite (additional \$500.00 fee included)
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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 24-HOUR 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: _____

Hold for Pick Up Mail to Return Address above

Other (explain below): _____

FedEx: Acct # _____

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:

<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Credit Card	<i>(Must attach e-Payment Authorization request form including payment information.)</i>
<input type="checkbox"/> Cash (<i>Do Not mail cash</i>)	<input type="checkbox"/> Pre-paid Acct #: _____	Attach signed pre-paid slip.



e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

Service Type: Fax E-mail Mail

Payment by Card *(card holder name and billing address required below)*

Card Type: Visa Mastercard Discover American Express

Credit Card Number:

V Code*

* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month: Year:

Amount to Charge Card: USD \$

Order Information *(required)*

Entity Name:

Card Holder Information:

Name as it appears on the account

Billing Address

City State Zip Code

Telephone Ext.

Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

_____ Date

Authorized Signature

Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

_____ Date

Authorized Signature

Reset Form

Not to Exceed Amount: USD \$