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FILE ONE ORIGINAL
(Two if you want a filed
stamped copy returned to you)
FEE: \$15.00

**APPLICATION TO APPOINT OR
CHANGE PROCESS, OFFICERS,
AND/OR ADDRESSES**

Hrs: 8:30 a.m. – 5:00 p.m. ET

1. The company filing this change
is registered as a:

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Voluntary Association
<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>	Business Trust
<input type="checkbox"/>	Insurance Company/Agency		

2. The change is filed for:
(Note: Enter information as previously
filed. No change can be accepted
without this information.)

Company name _____

Principal Office Address as Listed. _____

Home State: _____ WV Form. Date: _____

3. Change of Address (use appropriate lines for the type of address to be changed):

Address Type

New Address

a. Principal Office

b. Principal Mailing

c. Designated Office

4. Change of Agent for Service of Process:

New Agent Name and Address

The agent named here has given consent to appointment as agent to accept service of process on behalf of this company.

New Agent Signature: _____

5. Complete the Change of Officers of Other Persons in Authority:

Officer Type (check one for each new officer)	New Officer Name	New Officer Address
a. <input type="checkbox"/> President (Corp. VA)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> General Partner (LP, LLP)	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	_____	_____
<input type="checkbox"/> Other _____	Remove (previous officer name, if any)	
b. <input type="checkbox"/> Vice President (Corp. VA)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> General Partners (LP, LLP)	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	_____	_____
<input type="checkbox"/> Other _____	Remove (previous officer name, if any)	
c. <input type="checkbox"/> Secretary (Corp. VA)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> Limited Partner (LP)	_____	_____
<input type="checkbox"/> General Partner (LLP)	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	Remove (previous officer name, if any)	
<input type="checkbox"/> Other _____		
d. <input type="checkbox"/> Treasurer (Corp. VA)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> Limited Partner (LP)	_____	_____
<input type="checkbox"/> General Partner (LLP)	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	Remove (previous officer name, if any)	
<input type="checkbox"/> Other _____		
e. <input type="checkbox"/> Director (Corp. VA)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> Limited Partner (LP)	_____	_____
<input type="checkbox"/> General Partner	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	Remove (previous officer name, if any)	
<input type="checkbox"/> Other _____		

Name (please print)
Title
Contact Phone Number

Signature
Date