

Virginia State Bar

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Richmond, Virginia 23219-3565
(804) 775-0530



AUTHORITY: RULES OF THE
SUPREME COURT OF VIRGINIA
PART SIX, SECTION IV,
PARAGRAPH 14:
LIMITED LIABILITY ENTITIES
(RULES FOR INTEGRATION
OF THE VIRGINIA STATE BAR)
216 VA. 1159; 219 VA. 507

IF PRACTICING FEDERAL
LAW ONLY, LIST TYPE
(IMMIGRATION, PATENT,
ETC.) HERE.

APPLICATION FOR AMENDED

CERTIFICATE OF REGISTRATION

FOR FOREIGN PROFESSIONAL LAW CORPORATION

DATE _____

(Effective date of application will be date application form and accompanying documents
are received by the Virginia State Bar unless otherwise requested in writing.)

1. a. NAME OF CORPORATION _____

Mailing Address _____

_____ Zip Code _____

Phone (____) _____ Fax (____) _____

b. STATUTORY AUTHORITY: Professional Corporation Act (Ch. 7, Title 13.1, Code of Virginia)

c. NAME OF PREDECESSOR ORGANIZATION (if applicable):

Name _____

Address _____

2. NAME OF REGISTERED AGENT AND ADDRESS _____

_____ Zip Code _____

3. STATEMENT RE STATE BAR MEMBERSHIP:

Are all shareholders, directors and officers members of the State Bar and duly licensed to practice law in Virginia?

_____ YES _____ NO (check one)

If answer is NO list names of shareholders, directors or officers not licensed to practice law in Virginia (limited to office of
Secretary or Treasurer, office manager or business manager).

<i>Name</i>	<i>Address</i>	<i>Zip Code</i>
_____	_____	_____
_____	_____	_____

*State Bar
in which licensed*

4. OFFICERS: President _____

Secretary _____

Treasurer _____

5. SHAREHOLDERS:

<i>Name</i>	<i>Address</i>	<i>State Bar in which licensed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach supplemental sheet if necessary)

6. DIRECTORS:

<i>Name</i>	<i>Address</i>	<i>State Bar in which licensed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach supplemental sheet if necessary)

7. EMPLOYEES, officers, directors or shareholders of corporation *who will practice law in Virginia*: (MUST BE ACTIVE MEMBERS OF THE VIRGINIA STATE BAR IN GOOD STANDING OR OTHERWISE LEGALLY AUTHORIZED TO PRACTICE LAW IN VIRGINIA)

<i>Name</i>	<i>Address</i>	<i>VSF ID No.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach supplemental sheet if necessary)

8. VOTING TRUST INFORMATION

a. Indicate whether Voting Trust Agreement is in effect: Yes No

b. If answer to 8A is "Yes," indicate whether all trustees are duly licensed to practice law in Virginia:
 Yes No

9. OFFICER OR DIRECTOR AUTHORIZED TO FILE THIS APPLICATION:

Name _____

Address _____

Signature

PLEASE SIGN AND RETURN TO VIRGINIA STATE BAR.