

# Virginia State Bar

Eighth & Main Building  
707 East Main Street, Suite 1500  
Richmond, Virginia 23219-2800



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

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 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)

<i>Name</i>	<i>Address</i>	<i>VSB 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.