

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.