



AAAGENT SERVICES, LLC

125 Locust Street
Harrisburg, PA 17101
Phone: 717-232-5565
Fax: 717-232-6248

Internal use only:
Date of Service:
Client #

Web: www.aaagentservices.com
E-mail: agents@aaagentservices.com

PA Registered Office Provider - Initial Information Agreement

Thank you for selecting **AAAgent Services, LLC** as your PA registered office provider. As you are now aware, every company registered in Pennsylvania must maintain a physical office address at which they may be served with legal process should they be named in a lawsuit. Since you have selected **AAAgent Services, LLC** (also trading as **Esquire Assist**) as your registered office provider we would ask that you complete the information form below and return to us. In exchange for our annual fee, we will provide the registered office service which your company is statutorily required to maintain until you dissolve or withdraw from doing business in PA.

Mailings: We do not forward junk mail, but we will forward governmental mail. Our office should not be used as your mailing address for general mail. We reserve the right to open any mail directed to our office under your company name to ascertain if it is junk mail, and you hereby consent to this reserved right.

Service: It is further agreed that if we cannot reach either the primary or secondary contact person listed below, we can choose, at our discretion, which method to return any service of process to you.

Additional Understanding: It is further understood that you are being advised of additional terms located at our web site address (www.aaagentservices.com) and in particular the release of you contact information to the Department of State should you advise us to terminate our services without substitution of another PA registered office address. It is your responsibility to file any change of registered office form and pay the accompanying fee if you advise us to terminate our service.

NAME OF COMPANY REGISTERING IN PENNSYLVANIA

PRIMARY CONTACT:

Contacts Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Fax:	<input type="text"/>
City	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
e-mail:	<input type="text"/>		

SECONDARY CONTACT:

Contacts Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Fax:	<input type="text"/>
City	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
e-mail:	<input type="text"/>		

If Served Select Two Preferred Methods of Forwarding:

E-mail Fax Mail
 Overnight Acct #:
 Select Courier To Use: FedEx UPS DSL

Date	<input type="text"/>
Signature:	<input type="text"/>
Print Name:	<input type="text"/>
Title	<input type="text"/>