

## THE UNITED STATES VIRGIN ISLANDS OFFICE OF THE LIEUTENANT GOVERNOR DIVISION OF CORPORATIONS AND TRADEMARKS

## RESIDENT AGENT FORM CONSENT OF AGENT FOR SERVICE OF PROCESS

| This writing witnesseth that I, the undersigned,                                                                                                                                                                                                                                                | Comment [t1]: Name of the Resident Agent.                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| having been designated by                                                                                                                                                                                                                                                                       | Comment [t2]: Name of the entity for which the                                               |
| as resident agent of said company, upon whom service of process may be made in all suits                                                                                                                                                                                                        | Registered Agent will be working.                                                            |
| arising against said company in the Courts of the United States Virgin Islands, do hereby consent                                                                                                                                                                                               |                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                                                              |
| to act as such agent and that service of process may be made upon me in accordance with                                                                                                                                                                                                         |                                                                                              |
| Title 13, Virgin Islands Code.                                                                                                                                                                                                                                                                  |                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                                                              |
| IN WITNESS WHEREOF, I have hereunto set my signature this day of                                                                                                                                                                                                                                |                                                                                              |
| whites whereor, I have hereafte set my signature this day of                                                                                                                                                                                                                                    |                                                                                              |
|                                                                                                                                                                                                                                                                                                 | Comment [t3]: Day, month, year of document execution.                                        |
| I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES VIRGIN ISLANDS, THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND ANY ACCOMPANYING DOCUMENTS, ARE TRUE AND CORRECT, WITH FULL KNOWLEDGE THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO INVESTIGATION |                                                                                              |
| AND THAT ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF REGISTRATION.                                                                                                                                                                      |                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                                                              |
| SIGNATURE OF RESIDENT AGENT                                                                                                                                                                                                                                                                     |                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                                                              |
| DAYTIME CONTACT NUMBER                                                                                                                                                                                                                                                                          |                                                                                              |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                 |                                                                                              |
| PHYSICAL ADDRESS                                                                                                                                                                                                                                                                                |                                                                                              |
| EMAIL ADDRESS                                                                                                                                                                                                                                                                                   | Comment [t4]: Daytime contact number, mailing                                                |
|                                                                                                                                                                                                                                                                                                 | address, physical address (must be a local address) and email address of the Resident Agent. |
|                                                                                                                                                                                                                                                                                                 |                                                                                              |
| NOTARY ACKNOWLEDGEMENT                                                                                                                                                                                                                                                                          |                                                                                              |
| Cubactile ad and quare to before mention and a day of                                                                                                                                                                                                                                           |                                                                                              |
| Subscribed and sworn to before me this day of, at                                                                                                                                                                                                                                               |                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                                                              |
| Notary Public                                                                                                                                                                                                                                                                                   |                                                                                              |
| My Commission Expires                                                                                                                                                                                                                                                                           |                                                                                              |