



151 Southhall Lane, Ste 450  
Maitland, FL 32751  
P.O. Drawer 200  
Winter Park, FL 32790-0200  
www.inteserra.com

March 5, 2020  
Via Web Filing

Mr. Mark Johnson, Executive Secretary  
Washington Utilities & Transportation Comm.  
621 Woodland Square Loop  
Lacey, WA 98503

**RE: West Safety Communications Inc.  
Notification of Company Name Change**

Dear Mr. Johnson,

This letter is submitted on behalf of West Safety Communications Inc. ("Company") to notify the Commission that the Company has changed its name to Intrado Safety Communications, Inc. The Company respectfully requests that the Commission issue an updated certificate, if applicable, to reflect the Company's name as "Intrado Safety Communications, Inc." and change the Company name in all Commission records. The Company is registered as a telecommunications company and classified as a competitive telecommunications company in Washington pursuant to authority granted in Docket UT-001317. A Company name change to West Safety Communications Inc. was approved in Docket No. UT-160290.

A copy of the Company's Amendment of Foreign Registration Statement on file with the Washington Secretary of State is attached hereto as Exhibit A.

The Company has changed its name as part of a recent rebranding and marketing campaign by its ultimate parent company, Intrado Corporation f/k/a West Corporation. The Company's name change does not entail any restructuring, merger or other transaction impacting the corporate existence or management of the Company. Customer notice is not required because the Company does not currently have any customers in Washington.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3031 or via email to Sthomas@inteserra.com. Thank you for your assistance in this matter.

Sincerely,

/s/ Sharon Thomas

Sharon Thomas  
Consultant

cc: MJ Rasher- Intrado (via Email)  
S. Ward – Intrado (via Email)  
C. Lockett – Intrado (via Email)

tms: WAI2001

Enclosures  
ST/ms/sp

Received  
Records Management  
03/05/20 08:45  
State Of WASH.  
UTIL. AND TRANSP.  
COMMISSION

EXHIBIT A

WASHINGTON SECRETARY OF STATE DOCUMENTATION



Office of the Secretary of State  
 Corporations & Charities Division  
 (360) 725 - 0377 | www.sos.wa.gov/corps  
 801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

FILED  
 Secretary of State  
 State of Washington  
 Date Filed: 12/03/2019  
 Effective Date: 12/03/2019  
 UBI No: 602 141 225

- Expedite Service \$50
- Nonprofit Amendment \$20
- All Other Entity Types Amendment \$30

## AMENDMENT OF FOREIGN REGISTRATION STATEMENT

### RCW 23.95

Please provide UBI # <u>602 141 225</u> (as currently recorded with the Office of the Secretary of State)
<b>NAME OF FOREIGN ENTITY:</b> (as currently recorded with the Office of the Secretary of State) West Safety Communications Inc.
<b>BUSINESS TYPE CHANGE:</b> Is this for a Nonprofit Corporation? (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please continue to page 2. If no, please continue below  Are you changing your business type? (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if no, continue to page 2) If yes, select the change being made: <ul style="list-style-type: none"> <li><input type="checkbox"/> FOREIGN LIMITED LIABILITY COMPANY</li> <li><input type="checkbox"/> FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP</li> <li><input type="checkbox"/> FOREIGN LIMITED LIABILITY PARTNERSHIP</li> <li><input type="checkbox"/> FOREIGN LIMITED PARTNERSHIP</li> <li><input type="checkbox"/> FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANY</li> <li><input type="checkbox"/> FOREIGN PROFESSIONAL LIMITED LIABILITY PARTNERSHIP</li> <li><input type="checkbox"/> FOREIGN PROFESSIONAL SERVICE CORPORATION</li> <li><input type="checkbox"/> FOREIGN PROFIT CORPORATION</li> <li><input type="checkbox"/> FOREIGN PUBLIC UTILITY CORPORATION</li> </ul>

**NEW REGISTERED AGENT:**

Is the Registered Agent a Commercial Registered Agent?  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete **ONE** type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> <b>Individual</b> _____ First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> <b>Entity</b> _____ Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> <b>Office or Position</b> _____ List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Registered Agent Street Address (required)</b> (Must be a physical address No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ Zip: _____ City: _____	<b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address : _____ Zip: _____ City: _____
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**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

\_\_\_\_\_  
Signature of Registered Agent                      Printed Name/Title                      Date

**ENTITY NAME CHANGE:** Are you changing your business name?  Yes  No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved?  Yes  No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: \_\_\_\_\_

Name: Intrado Safety Communications, Inc.

**DOING BUSINESS AS (DBA) NAME:** RCW 23.95.525

If above name is not available, enter a name to be used in Washington State.

**JURISDICTION:** *Required only if changed*

Country: \_\_\_\_\_ State: \_\_\_\_\_

**PRINCIPAL OFFICE:** *Required only if changed*

**Principal Office Street Address**  
(Must be a physical address; No PO Box or PMB)

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing Address (optional)**

Check if mailing address is the same as street address.

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (optional) \_\_\_\_\_ Email: (optional) \_\_\_\_\_

**GOVERNOR(S):** *Required only if changed*

List at least one, attach additional pages if necessary \*An entity cannot serve as its own Governor

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**PERIOD OF DURATION IN HOME JURISDICTION:** *Required only if changed* Please check ONE of the following

This Company shall have a perpetual duration  This Company shall have a duration of \_\_\_\_\_ years.

This Company shall expire on \_\_\_\_\_

**Has your registered agent changed?**  YES  NO If Yes, please be sure to complete page 3

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**NATURE OF BUSINESS:** *Required only if changed*

Briefly describe the type of business your entity conducts in the state of Washington:

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**EFFECTIVE DATE:** *Required only if changed*

Date of filing  Specify a Date \_\_\_\_\_ cannot be more than 90 days following received date

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**RETURN ADDRESS FOR THIS FILING:** *(Optional)*

This address will be sent document( s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/ mailing address.

Attention to: \_\_\_\_\_

Email: \_\_\_\_\_

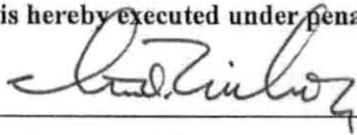
Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**AUTHORIZED PERSON:**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.



Christopher D. Wikoff, Treasurer

September 20, 2019

Signature of Authorized Person

Printed Name/Title

Date

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTRADO SAFETY COMMUNICATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTRADO SAFETY COMMUNICATIONS, INC." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3399282 8300

SR# 20198359376

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204108751

Date: 12-02-19

Work Order #: 2019120200591879 - 1

Received Date: 12/02/2019

Amount Received: \$80.00