

PENNSYLVANIA BULLETIN

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Part II

This part contains the
Department of State, Corporation
Bureau's proposed Official Forms



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PENNSYLVANIA



BULLETIN

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NOTICES

DEPARTMENT OF STATE

Official Forms

The Department of State, Corporation Bureau (Bureau) proposes to amend 19 Pa. Code Appx. A (relating to official forms), to read as set forth in the Annex A.

A. *Effective Date*

The proposed amendments will be effective upon publication of the final-form in the *Pennsylvania Bulletin*.

B. *Statutory Authority*

The Department has the authority to promulgate Bureau forms and instructions under 15 Pa.C.S. § 133 (relating to powers of Department of State) (Associations Code). Section 133(a) of the Associations Code designates that these forms shall not be agency regulations. See section 133(a) of the Associations Code. Therefore, they are explicitly excluded from the requirements of section 612 of The Administrative Code of 1929 (71 P. S. § 232), and review under the Commonwealth Attorneys Act (71 P. S. §§ 732-101—732-506) and the Regulatory Review Act (71 P. S. §§ 745.1—745.15). Section 133 of the Associations Code does, however, require that the forms and instructions be subject to the opportunity for public comments under section 201 of the July 31, 1968 (P. L. 769, No. 240) (45 P. S. § 1201) (CDL).

C. *Description of Proposed Revisions*

This proposal revises the existing forms and instructions currently published in the *Pennsylvania Code* so that the published forms and instructions are the same as those currently being used by the Bureau. The Department has updated the forms and instructions to eliminate references to executive staff personnel, which will eliminate the need to revise the Bureau's forms whenever there are changes in the executive staff. Some additional changes have also been to improve the appearance of the forms and to clarify the instructions.

The forms and instructions currently published in 19 Pa. Code are being deleted. These outdated forms and

instructions will be replaced by those set forth in Annex A. Even though Rule 2.10(a) of the *Pennsylvania Code and Bulletin Style Manual* recommends that forms be referenced in regulations rather than adopted in regulations, section 133 of the Associations Code requires that the forms and instructions be published in the *Pennsylvania Code*.

D. *Fiscal Impact*

While this proposal would have no measurable fiscal impact upon the Commonwealth, its political subdivisions, or the private sector and is actually likely to provide a savings to the Commonwealth by eliminating the situation where the Corporation Bureau's forms become obsolete, a formal fiscal analysis was not conducted because these forms are exempt from the requirements of section 612 of The Administrative Code of 1929.

E. *Paperwork Requirements*

This proposal would not create new paperwork.

F. *Regulatory Review*

Under section 133(a) of the Association Code, these forms are exempt from the requirements of the Regulatory Review Act, but shall be subject to the opportunity of public comment requirement under section 201 of the CDL.

G. *Public Comment*

Under section 133(a) of the Associations Code that requires that publication of these forms be subject to the opportunity for public comment, the Department invites interested persons to submit written comments, suggestions or objections regarding this proposal to Janet Warfield-Warren, Operations Manager, Corporation Bureau, Department of State, 308 North Office Building, Harrisburg, PA 17120, within 30 days following publication of this notice in the *Pennsylvania Bulletin*.

KIM PIZZINGRILLI,
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Entity Number	Statement of Change of Registered Office by Agent (15 Pa.C.S. § 108)			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td></tr> <tr><td style="padding: 2px;">Address</td></tr> <tr><td style="padding: 2px;">City State Zip Code</td></tr> </table>	Name	Address	City State Zip Code	<p>Document will be returned to the name and address you enter to the left.</p> <p>←</p>
Name				
Address				
City State Zip Code				

Fee: \$4

Filed in the Department of State on _____ <hr style="width: 80%; margin: auto;"/> Secretary of the Commonwealth
--

In compliance with the requirements of 15 Pa.C.S. § 108 (relating to change in location or status of registered office provided by agent), the undersigned person who maintains the registered office of an association and who desires to change the following with respect to such agency hereby states that:

1. The name of the association represented by the undersigned person is: <hr style="width: 80%; margin: auto;"/>					
2. The address of the present registered office in this Commonwealth of the above-named association is: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 35%;">Number and Street</td> <td style="border: none; width: 20%;">City</td> <td style="border: none; width: 15%;">State</td> <td style="border: none; width: 15%;">Zip</td> <td style="border: none; width: 15%;">County</td> </tr> </table>	Number and Street	City	State	Zip	County
Number and Street	City	State	Zip	County	
3. <i>If the registered office address is to be changed, complete the following:</i> The address in the same county to which the registered office in this Commonwealth of the above-name association is to be changed is: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 35%;">Number and street</td> <td style="border: none; width: 20%;">City</td> <td style="border: none; width: 15%;">State</td> <td style="border: none; width: 15%;">Zip</td> <td style="border: none; width: 15%;">County</td> </tr> </table>	Number and street	City	State	Zip	County
Number and street	City	State	Zip	County	
4. The name of the person in care of the foregoing office: The person named immediately above in this paragraph has been designated in fact as the agent in care of the registered office in the Commonwealth of Pennsylvania of the association named in paragraph 1 of this statement.					

DSCB:15-108-2

5. *Check one or more of the following, as appropriate:*

This statement reflects a change in name of the agent.

The change in registered office set forth in this statement reflects the removal of the place of business of the agent to a new location within the county.

The status of the agent as the provider of the registered office of the above-named association has been terminated.

IN TESTIMONY WHEREOF, the undersigned person has caused this Statement of Change of Registered Office by Agent to be signed this

_____ day of _____,

_____.

Name

Signature

Title

DSCB:15-108-3



Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Web site: www.dos.state.pa.us/corp.htm

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$4 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. This form is to be signed on behalf of the agent named in Paragraph 4, not by an officer of the association named in Paragraph 1.
- D. A separate form DSCB:15-108 shall be filed for each association represented by the agent named in Paragraph 4.
- E. The agent is required by 15 Pa.C.S. § 108(b) (relating to action by and notice to association) to furnish to the association a copy of this form as filed in the Department.
- F. Under 15 Pa.C.S. § 108(a) (relating to general rule), if the status of an agent as a provider of a registered office is terminated by this filing, the location of the registered office of the association represented is not affected, but the person formerly in care of the office shall thereafter not have any responsibility with respect to matters tendered to the office in the name of the association represented. The association should immediately file in the Department an appropriate form designating a superseding registered office address.
- G. This form and all accompanying documents shall be mailed to the address stated above.
- H. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Entity Number

Application for Registration of Mark
(54 Pa.C.S. § 1112)

Name			
Address			
City	State	Zip Code	

Document will be returned to the name and address you enter to the left.

←

Fee: \$25

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the 54 Pa.C.S. § 1112 (relating to application for registration), the undersigned, having adopted and used a trade mark or service mark in this Commonwealth and desiring to register such mark, hereby states that:

1. The name of the applicant is (*see instruction A*):

2. The residence, location or place of business of the applicant is:

Number and street City State Zip County

3. The name and description of the mark is (*a facsimile of the mark to be registered accompanies this application as Exhibit A and is incorporated herein by reference*):

4. General class in which such goods or services fall is (*use only one of the classifications as set forth in the general classes of goods and services established by the United States Patent and Trademark Office attached*):

DSCB:54-1112- 2

5. The goods or services in connection with which the mark is used and the mode and manner in which the mark is used in connection with such goods or services are:

6. The date when the mark was first used anywhere is:

7. The date when the mark was first used in this Commonwealth by the applicant or the predecessor in interest is:

8. The date, if any, an application to register the mark, or portions or a composite thereof, was filed by the applicant or a predecessor in interest in the United States Patent and Trademark Office. Also provide filing date and serial number of each application, the status thereof and, if any application was finally refused registration, or has otherwise not resulted in a registration, the reasons therefore. *(Please attach 8½ x 11 sheet(s) if more space is needed.)*

9. Applicant is the owner of the mark, that the mark is in use and that, to the applicant's knowledge, no other person has registered, either federally or in this Commonwealth or has the right to use such mark, either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of such other person, to cause confusion, or to cause mistake, or to deceive.

IN TESTIMONY WHEREOF, the undersigned person has caused this Application for Registration of Mark to be executed this ____ day of _____, _____.

Name of Applicant

Signature

Title

DSCB:54-1112-3



**Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corp.htm**

Instructions for Completion of Form:

- A. If a corporation, set forth the name in Paragraph 1 and also give jurisdiction of incorporation. If a partnership, set forth the name in Paragraph 1 and also give the jurisdiction in which the partnership is organized and the names of the general partners.
- B. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$25 made payable to the Department of State.
- C. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.
- D. An application for registration of a mark is limited to a single general class of goods or services, but a mark may be made the subject of multiple registrations in two or more general classes. (See general classes of goods and services established by the United States Patent and Trademark Office in accordance with the International Classification System attached).
- E. This registration is effective for a term of five years from the date of registration. Application to renew for a similar term must be made on form DSCB:54-1114 (Application for Renewal of Registration of Mark) within six months prior to the expiration of such term.
- F. This form and all accompanying documents shall be mailed to the address listed above.
- G. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

Schedule of classes of goods and services.**GOODS**

1. Chemical products used in industry, science, photography, agriculture, horticulture, forestry; artificial and synthetic resins; plastics in the form of powders, liquids or pastes, for industrial use; manures (natural and artificial); fire extinguishing compositions; tempering substances and chemical preparations for soldering; chemical substances for preserving foodstuffs; tanning substances; adhesive substances used in industry.
2. Paints, varnishes, lacquers; preservatives against rust and against deterioration of wood; coloring matters, dyestuffs; mordants; natural resins metals in foil and powder form for painters and decorators.
3. Bleaching preparations and other substances for laundry use; cleaning, polishing, scouring and abrasive preparations; soaps; perfumery, essential oils, cosmetics, hair lotions; dentifrices.
4. Industrial oils and greases (other than edible oils and fats and essential oils); lubricants; dust laying and absorbing compositions; fuels (including motor spirit) and illuminants; candles, tapers, night-lights and wicks.
5. Pharmaceutical, veterinary and sanitary substances; infants' and invalids' foods; plasters, material for bandaging; material for stopping teeth, dental wax; disinfectants; preparations for killing weeds and destroying vermin.
6. Unwrought and partly wrought common metals and their alloys; anchors, anvils, bells, rolled and cast building materials; rails and other metallic materials for railway tracks; chains (except driving chains for vehicles); cables and wires (non-electric); locksmiths' work; metallic pipes and tubes; safes and cash boxes; steel balls; horseshoes; nails and screws; other goods in nonprecious metal not included in other classes; ores.
7. Machines and machine tools; motors (except for land vehicles); machine couplings and belting (except for land vehicles); large size agricultural implements; incubators.
8. Hand tools and instruments; cutlery, forks and spoons; side arms.
9. Scientific, nautical, surveying and electrical apparatus and instruments (including wireless), photographic, cinematographic, optical, weighing, measuring, signaling, checking (supervision), lifesaving and teaching apparatus and instruments; coin or counter-fed apparatus; talking machines; cash registers; calculating machines; fire extinguishing apparatus.
10. Surgical, medical, dental and veterinary instruments and apparatus (including artificial limbs, eyes and teeth).
11. Installations for lighting, heating, steam generating, cooking, refrigerating, drying, ventilating, water supply and sanitary purposes.
12. Vehicles; apparatus for locomotion by land, air or water.
13. Firearms; ammunition and projectiles; explosive substances; fireworks.
14. Precious metals and their alloys and goods in precious metals or coated therewith (except cutlery, forks and spoons); jewelry, precious stones, horological and other chronometric instruments.
15. Musical instruments (other than talking machines and wireless apparatus).
16. Paper and paper articles, cardboard and cardboard articles; printed matter, newspapers and periodicals, books; bookbinding material; photographs, stationery, adhesive materials (stationery); artists' materials; paint brushes; typewriters and office requisites (other than furniture); instructional and teaching material (other than apparatus); playing cards; printers' type and cliches (stereotype).
17. Gutta-percha, India rubber, balata and substitutes, articles made from these substances and not included in other classes; plastics in the form of sheets, blocks and rods, being for use in manufacture; materials for packing, stopping or insulating; asbestos, mica and their products; hose pipes (nonmetallic).
18. Leather and imitations of leather, and articles made from these materials and not included in other classes; skins, hides; trunks and traveling bags; umbrellas, parasols and walking sticks, whips, harness and saddlery.

19. Building materials, natural and artificial stone, cement, lime, mortar, plaster and gravel; pipes of earthenware or cement; road-making materials; asphalt, pitch and bitumen; portable buildings; stone monuments; chimney pots.
20. Furniture, mirrors, picture frames; articles (not included in other classes) of wood, cork, reeds, cane, wicker, horn, bone, ivory, whalebone, shell, amber, mother-of-pearl, meerschaum, celluloid, substitutes for all these materials, or of plastics.
21. Small domestic utensils and containers (not of precious metal or coated therewith); combs and sponges; brushes (other than paint brushes); brush-making materials; instruments and material for cleaning purposes; steel wool; glassware, porcelain and earthenware, not included in other classes.
22. Ropes, string, nets, tents, awnings, tarpaulins, sails, sacks; padding and stuffing materials (hair, capoc, feathers, seaweed, etc.); raw fibrous textile materials.
23. Yarns, threads.
24. Tissues (piece goods); bed and table covers; textile articles not included in other classes.
25. Clothing, including boots, shoes and slippers.
26. Lace and embroidery, ribbons and braid; buttons, press buttons, hooks and eyes, pins and needles; artificial flowers.
27. Carpets, rugs, mats and matting; linoleums and other materials for covering floors; wall hangings (nontextile).
28. Games and playthings; gymnastic and sporting articles (except clothing); ornaments and decorations for Christmas trees.
29. Meat, fish, poultry and game; meat extracts; preserved, dried and cooked fruits and vegetables; jellies, jams; eggs, milk and other dairy products; edible oils and fats; preserves, pickles.
30. Coffee, tea, cocoa, sugar, rice, tapioca, sago, coffee substitutes; flour and preparations made from cereals; bread, biscuits, cakes, pastry and confectionery, ices, honey, treacle; yeast, baking powder; salt, mustard; pepper, vinegar, sauces, spices; ice.
31. Agricultural, horticultural and forestry products and grains not included in other classes; living animals; fresh fruits and vegetables; seeds; live plants and flowers; foodstuffs for animals, malt.
32. Beer, ale and porter; mineral and aerated waters and other nonalcoholic drinks; syrups and other preparations for making beverages.
33. Wines, spirits and liqueurs.
34. Tobacco, raw or manufactured; smokers' articles; matches.

SERVICES

35. Advertising and business.
36. Insurance and financial.
37. Construction and repair.
38. Communication.
39. Transportation and storage.
40. Material treatment.
41. Education and entertainment.
42. Miscellaneous

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Entity Number

Trade Mark/Service Mark
(54 Pa.C.S.)

Renewal of Registration of Mark (§ 1114)

Assignment of Registration of Mark (§ 1115)

Name _____

Address _____

City _____ State _____ Zip Code _____

Document will be returned to the name and address you enter to the left.

←

Fee: \$25 - Renewal
\$52 - Assignment

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to duration and renewal or relating to assignment), the undersigned, having heretofore duly registered a trade mark or service mark in this Commonwealth and desiring to renew/assign such registration, hereby states that:

1. *Check one pertaining to registration:*

Renewal: The name of the applicant is (see instruction D):

Assignment: The name of the assignor and present owner of record of the mark is (if a corporation, also give jurisdiction of incorporation):

2. The residence, location or place of business of the applicant/assignor is:

Number and street City State Zip County

DSCB:54-1114/1115 - 2

3. Check one pertaining to registration:

Renewal: The name and description of the mark is (a specimen of the mark the registration of which is to be renewed showing actual use of the mark on or in conjunction with the goods or services accompanies this application as Exhibit A and is incorporated herein by reference):

Assignment: The name and description of the mark is (a facsimile of the mark the registration of which is to be assigned accompanies this assignment as Exhibit A and is incorporated herein by reference):

4. The general class in which the existing registration/registration to be assigned applies is:

5. (a) The date when the mark was first registered is:

(b) The date of last renewal of the registration is:

RENEWAL: Complete Paragraphs 6, 7 & 8

6. (~~Strike out if inapplicable~~): The present applicant is entitled to make the present application by virtue of an assignment to the applicant recorded with the Department of State on _____ showing an assignment from: _____ Date

_____ Name of Assignor

7. The date, if any, an application to register the mark, or portions or a composite thereof, was filed by the applicant or a predecessor in interest in the United States Patent and Trademark Office. Also provide filing date and serial number of each application, the status thereof and, if any application was finally refused registration, or has otherwise not resulted in a registration, the reasons, therefore. (Please attach 8½ x 11 sheet(s) if more space is needed).

8. The mark to be renewed is still in use in this Commonwealth

DSCB: 54-1114/1115-3

ASSIGNMENT: Complete Paragraphs 9, 10, 11 & 12

9. ____ The mark is being assigned with the goodwill of the business connected with its use or with that part of the goodwill of the business connected with the use of and symbolized by the mark.

10. The mark is hereby assigned to and the name of the assignee of the mark is (if a corporation, also give jurisdiction of incorporation):

11. The residence, location or place of business of the assignee is:

Number and street	City	State	Zip	County
-------------------	------	-------	-----	--------

12. (*Strike out if inapplicable*): The present assignor is entitled to make the present assignment by virtue of a previous assignment to the present assignor recorded with the Department of State on ____.

Date

Name of Previous Assignor

IN TESTIMONY WHEREOF, the undersigned person has caused this Application for Renewal of Registration of Mark/Assignment of Registration of Mark to be executed this

_____ day of _____,

Name of Applicant/Assignor

Signature

Title



Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corp.htm

General Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for **Renewal of Registration of Mark** is \$25 and **Assignment of Registration of Mark** is \$52 made payable to the Department of State.
- B. This form and all accompanying documents shall be mailed to the above stated address.
- C. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

Instructions for Renewal Only:

- D. If a corporation, set forth the name in Paragraph 1 and also give jurisdiction of incorporation. If a partnership, set forth the name in Paragraph 1 and also give the jurisdiction in which the partnership is organized and the names of the general partners.
- E. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.
- F. If the chain of title to the registration includes more than one assignment, Paragraph 6 should be modified accordingly. Only assignments during the immediately preceding term shall be set forth.
- G. This renewal is effective for a term of 5 (five) years from the expiration date. Application to renew for a similar term must be made on this form within 6 (six) months prior to the expiration date.

Instructions for Assignment Only:

- H. The name of a commercial registered office provider may not be used in Paragraph 2 and 11 in lieu of an address.
- I. If the chain of title to the registration includes more than one assignment, Paragraph 12 should be modified accordingly. Only assignments during the current term shall be set forth.
- J. If the instrument evidencing the assignment and signed by the assignor is in a different format than this form, the assignee may execute and attach this form as a cover sheet to a copy of the definitive assignment instrument.

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Articles of Incorporation-For Profit
(15 Pa.C.S.)

Entity Number	<input type="checkbox"/> Business-stock (§ 1306)	<input type="checkbox"/> Management (§ 2703)
	<input type="checkbox"/> Business-nonstock (§ 2102)	<input type="checkbox"/> Professional (§ 2903)
	<input type="checkbox"/> Business-statutory close (§ 2303)	<input type="checkbox"/> Insurance (§ 3101)
	<input type="checkbox"/> Cooperative (§ 7102)	

Name <hr/> Address <hr/> City State Zip Code <hr/>	Document will be returned to the name and address you enter to the left. ←
---	---

Fee: \$100

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (*corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation. "Professional corporation" or "P.C."*):

2. The (a) address of this corporation's current registered office in this Commonwealth (*post office box, alone, is not acceptable*) or (b) name of its commercial registered office provider and the county of venue is (*the Department is hereby authorized to correct the following information to conform to the records of the Department*):

(a) Number and Street	City	State	Zip	County
-----------------------	------	-------	-----	--------

(b) Name of Commercial Registered Office Provider	County
---	--------

c/o: _____

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized:

DSCB:15-1306,2102/2303/2702/2903/3101/7102A-2

5. The name and address, including number and street, if any, of each incorporator (*all incorporators must sign below*):

Name	Address
_____	_____
_____	_____

6. The specified effective date, if any: _____.
 month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only*: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)

9. *Cooperative corporations only*: Complete and strike out inapplicable term:
 The common bond of membership among its members/shareholders is: _____.

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation to be signed by a duly authorized officer thereof this _____ day of _____.

 Signature

 Signature

DSCB:15-1306/2102/2303/2702/2903/3101/7102A-3



Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057

Web site: www.dos.state.pa.us/corp.htm

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$100 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
 - (1) One copy of a completed form DSCB:15-134A (Docketing Statement).
 - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
 - (3) Any necessary governmental approvals.
- D. For general instructions relating to the incorporation of business corporations see 19 Pa. Code Ch. 23 (relating to business corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, nonstock status, authorized share structure and related authority of the board of directors, inclusion of names of first directors in the Articles of Incorporation, optional provisions on cumulative voting for election of directors, etc.
- E. For required provisions in the Articles of a management corporation, see 15 Pa.C.S. § 2703 (relating to additional contents of articles of management corporations).
- F. For restrictions on the stated purposes of professional corporations, see 15 Pa.C.S. § 2903 (relating to formation of professional corporations).
- G. Articles for a nonprofit cooperative corporation should be filed on Form DSCB:15-5306/7102B (Articles of Incorporation Nonprofit).
- H. One or more corporations or natural persons of full age may incorporate a business corporation.
- I. 15 Pa.C.S. § 1307 (relating to advertisement) requires that the incorporators shall advertise their intention to file or the corporation shall advertise the filing of articles of incorporation. Proofs of publication of such advertising should not be submitted to, and will not be received by or filed in, the Department, but should be filed with the minutes of the corporation.
- J. This form and all accompanying documents shall be mailed to the address stated above.
- K. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Entity Number

Insignia
(54 Pa.C.S.)

Application for Registration (§ 1311)
 Application for Amendment (§ 1312)

Name

Address

City State Zip Code

Document will be returned to the name and address you enter to the left.
 ←

Fee: \$52

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to registration/amendment of insignia) the undersigned organization desiring the register/amend its insignia, hereby states that:

1. The name of the applicant is *(if a corporation, also give jurisdiction of incorporation)*:

2. The residence, location or place of business of the applicant is:

Number and street City State Zip County

Application for Amendment: complete paragraph 3

3. The last preceding filing with respect to this insignia was made in the Department on: _____, at _____, _____, _____, _____, _____.

Roll and Film Date

4. The insignia to be registered is *(a facsimile of the insignia to be registered accompanies this application as Exhibit A and is incorporated herein by reference)*:

DSCB:54-1311/1312-2

5. The principles and activities of the applicant organization are not repugnant to the Constitution and laws of the United States or of this Commonwealth.

6. Applicant is the owner of the name or design constituting the insignia and no other person has the right to use such insignia in this Commonwealth, either in the identical form thereof or in a form which is similar to, imitating or so nearly resembling as to be calculated to deceive.

Application for Amendment: complete paragraphs 7 and 8

7. Check one of the following:
___ The foregoing statements revise any information set forth in the preceding filing which has become inaccurate and restate in full such information as so revised.
___ The amendment adopted to revise any information set forth in the preceding filing which has become inaccurate and to restate in full such information as so revised is as follows:

8. ___ The amendment adopted to revise any information set forth in the preceding filing which as become inaccurate and to restate in full such information as so revised is set forth in full in Exhibit B attached hereto and made a part hereof.

IN TESTIMONY WHEREOF, the undersigned organization has caused this Application to be executed this _____ day of _____, _____.

Name of Applicant Organization

Signature

Title



**Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corp.htm**

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. An application may be filed by an organization described in and complying with 54 Pa.C.S. § 1301 (relating to definitions).
- C. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.
- D. A name, badge, motto, button, decoration, charm, emblem, rosette, label or other insignia may be registered on this form. The term "label" means a label, symbol, mark or private stamp, including a label adopted by labor unions for the purpose of designating the product of their particular labor or workmanship.
- E. This registration is effective until January 1, 2011 and will continue in effect for additional terms of ten years each if form DSCB:54-1314 (Decennial Report) is timely filed in the year 2010 and each year thereafter divisible by ten.
- F. This form and all accompanying documents shall be mailed to the address stated above.
- G. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Summary of Record
(15 Pa.C.S.)

Entity Number

- Business Corporation (§ 1311)
- Nonprofit Corporation (§ 5311)
- Professional Association (§ 9305)

Name _____

Address _____

City _____ State _____ Zip Code _____

Document will be returned to the name and address you enter to the left.
←

Fee: \$52

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned association hereby states that:

1. The name of the association is:

2. The (a) address of this association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County

(b) Name of Commercial Registered Office Provider	County			
c/o:	_____			

3. The statute by or under which it was incorporated or formed is:

4. The association was originally incorporated or formed on _____ under the following name:
Date

DSCB:15-1311/5311/9305

5. *Check and complete one of the following:* The association was incorporated or formed by

Special act as set forth in Paragraph 3 above.

Decree of: _____ entered on: _____
Name of Court Date

Letters patent duly granted on: _____
Date

Filing of: _____ in the: _____
Articles of Incorporation, etc. Name of Department or other public office

6. The original Articles were recorded on _____ in the following place
Date

7. *Check, and if appropriate complete, one of the following:*

This certificate is being delivered to the Department of State contemporaneously with an amended and restated Articles of the association as set forth in Exhibit A attached hereto and made a part hereof.

The currently effective Articles of the association are filed or recorded as follows and the text of such currently effective Articles is set forth in Exhibit A attached hereto and made a part hereof (except any of such text which appears of record in the Department of State, which text is incorporated herein by reference to the records of the Department pursuant to 19 Pa. Code § 13.6 (relating to incorporation by reference)):

Recorder of Deeds book and page numbers, etc.

Amended and restated Articles of the association which include all the information required to be set forth in the Articles of a Professional Corporation are set forth in Exhibit A attached hereto and made a part hereof.

8. *Check, and if appropriate, complete one of the following:*

The association has never adopted any name other than its original name and its current name.

Each name by which the association was known, other than its original name and its current name, and the date or dates on which each change of name of the association became effective, are as follows:

Name	Effective Date of Adoption
------	----------------------------

DSCB:15-1311/5311/9305-3

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Summary of Record to be signed by a duly authorized officer thereof this

_____ day of _____, _____.

Name of Association

Signature

Title



**Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corp.htm**

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form, if applicable (see instruction C, below), is \$52 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. When this form accompanies another filing, e.g., articles of amendment, it will be deemed for filing fee and docketing statement purposes to be incorporated by reference into the filing to which it relates, and no separate filing fee shall be submitted. Otherwise, the following, in addition to the filing fee, shall accompany this form: one copy of a completed form DSCB:15-134A (Docketing Statement).
- D. Set forth in Paragraph 6 the place or places, including volume and page numbers of their equivalent where the original Articles were filed or recorded. This information may be omitted if the first alternate of Paragraph 5 is applicable.
- E. The first alternate of Paragraph 7 is applicable to a non-surviving party to a plan of merger which restates the Articles of the surviving corporation and to any corporation which is a party to a plan of consolidation.
- F. Set forth in the second alternate of Paragraph 7 the place or places, including volume and page numbers or their equivalent, where the documents are filed or recorded, and the date or dates of each such filing or recording. Text which appears of record in the Department of State, may be incorporated by reference in this form to the records of the Department. This instruction is an exception to the general rule against incorporation by reference contemplated by 19 Pa. Code § 13.6 (relating to incorporation by reference).
- G. The third alternate of Paragraph 7 is applicable only when this form is submitted with form DSCB:15-2905 (Statement of Election of Professional Corporation Status).
- H. Include a clear and legible copy of the original Articles of Incorporation and all amendments, or restate the articles in their entirety.
- I. A corporation is required to file this form only once.
- J. This form and all accompanying documents shall be mailed to the address stated above.
- K. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU	
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Entity Number</div>	<p>Decennial Report (54 Pa.C.S.) <input type="checkbox"/> Insignia (§ 1314) <input type="checkbox"/> Mark Used with Articles or Supplies (§ 1515)</p>
<div style="border: 1px solid black; padding: 5px;"> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> </div>	<p>Document will be returned to the name and address you enter to the left.</p> <p>←</p>

Fee: \$52

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to decennial filings required), the undersigned organization/person having heretofore duly registered its insignia/mark used with articles or supplies in this Commonwealth and desiring to continue such registration, hereby states that:

1. The name of the applicant/registrant is (*if a corporation, also give jurisdiction of incorporation*):

2. The residence, location or place of business of the applicant/registrant:

Number and street City State Zip County
3. The date on which the last preceding filing was made in the Department with respect to the insignia/mark is:

4. A facsimile of the insignia/mark the registration of which is to be continued accompanies this application as Exhibit A and is incorporated herein by reference.

DSCB:54-1314/1515- 2

5. *Check one of the following:*

The insignia shall continue to be registered in the Department.

The mark continues to be used in connection with the articles or supplies specified in the registration.

IN TESTIMONY WHEREOF, the undersigned organization/person has caused this Decennial Report to be executed this _____ day of _____, _____.

Name of Applicant Organization/Registrant

Signature

Title



**Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corp.htm**

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.
- C. No filing of this form is required before November 1, 2010.
- D. This report shall be filed during the year 2010 and each subsequent year divisible by ten. The filing of this report is not necessary if the registrant has, during the ten years preceding the required filing year, made any filing in the Department with respect to the insignia/mark.
- E. If no required report is filed during the decennial year with respect to the insignia/mark, on January 1 of the following year, the insignia/mark shall cease to be registered. Such registration may thereafter be restored only by filing form DSCB:54-1311 (Application for Registration of Insignia)/DSCB:54-1511 (Application for Registration of Mark Used with Articles or Supplies).
- F. This form and all accompanying documents shall be mailed to the address stated above.
- G. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Entity Number

Statement of Revival-Domestic
(15 Pa.C.S.)

Business Corporation (§ 1341)

Nonprofit Corporation (§ 5341)

Name		
Address		
City	State	Zip Code

Document will be returned to the name and address you enter to the left.

←

Fee: \$52

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to statement of revival), the undersigned forfeited or expired corporation, desiring to procure a revival of its charter or articles, hereby states that:

1. The name of the corporation at the time its charter or articles were forfeited or expired is:

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o:				

3. The statute by or under which it was incorporated:

4. The date of its incorporation:

DSCB:15-1341/5341-2

5. *(Strike out if inapplicable)*: The name the corporation adopted as its new name, in view of the prior appropriation of its former name by a senior corporation is:

6. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
-----------------------	------	-------	-----	--------

(b) Name of Commercial Registered Office Provider	County
---	--------

c/o:

7. *Check and complete one of the following:*

The charter or articles of the corporation were forfeited by declaration under Section 1704 of the act of April 9, 1929 (P.L.343, No.176), known as The Fiscal Code and published at _____, Pa.B. _____.

The charter or articles of the corporation expired by their own terms under the provisions of the charter or articles set forth in full in Exhibit A attached hereto and made a part hereof.

8. The corporate existence of the corporation shall be revived.

9. The filing of this statement has been authorized by the corporation.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Statement of Revival to be executed this _____ day of _____, _____.

Name of Corporation

Signature

Title



Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corp.htm

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
 - (1) One copy of a completed form DSCB:15-134B (Docketing Statement-Changes).
 - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
 - (3) In the case of a forfeited corporation, tax clearance certificates from the Department of Revenue and from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth.
 - (4) *Nonprofit Corporation* – Any necessary governmental approvals.
- D. There is no official publication requirement incident to the filing of this form.
- E. A forfeited or expired corporation may authorize the filing of this form by action of its last directors or may elect directors and officers under the Business/Nonprofit Corporation Law of 1988 for the limited purpose of authorizing the filing.
- F. The corporation may not revive its corporate charter where it has been revoked by a court proceeding instituted by the Attorney General's Office under 15 Pa.C.S. § 503 (relating to actions to revoke corporate franchises).
- G. This form and all accompanying documents shall be mailed to the above stated address.
- H. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

Docketing Statement DSCB:15-134A (Rev 2001)
 Departments of State and Revenue

One (1) copy required

BUREAU USE ONLY:	
Dept. of State Entity #	_____
Dept. of Rev. Box #	_____
Filing Period _____	Date 3 4 5 _____
SIC/NAICS _____	Report Code _____

Check proper box:

Pennsylvania Entities

<input type="checkbox"/> business stock
<input type="checkbox"/> business non-stock
<input type="checkbox"/> professional
<input type="checkbox"/> nonprofit stock
<input type="checkbox"/> nonprofit non-stock
<input type="checkbox"/> statutory close
<input type="checkbox"/> management
<input type="checkbox"/> cooperative
<input type="checkbox"/> insurance
<input type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

Foreign Entities

State/Country _____ Date _____

<input type="checkbox"/> business
<input type="checkbox"/> nonprofit
<input type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

Other

<input type="checkbox"/> domestication
<input type="checkbox"/> division
<input type="checkbox"/> consolidation

1. Entity Name:

2. Individual name and mailing address responsible for initial tax reports:

_____	_____	_____	_____	_____
Name	Number and street	City	State	Zip

3. Description of business activity:

4. Specified effective date, if any:

 month/day/year hour, if any

5. EIN (Employee Identification Number), if any:

6. Fiscal Year End:

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name):

Docketing Statement (Changes)
DSCB: 15-134B

BUREAU USE ONLY:	
<input type="checkbox"/> Revenue	<input type="checkbox"/> Labor & Industry
<input type="checkbox"/> Other _____	
File Code _____	Filed Date _____

Part I. Complete for each filing:

Current name of entity or registrant (<i>survivor or new entity if merger or consolidation</i>):			

Entity number, if known:	<input type="text"/>	Incorporation/qualification date in PA:	<input type="text"/>
State of Inc:	<input type="text"/>	Federal EIN:	<input type="text"/> Specified effective date, if any: <input type="text"/>

Part II. Check proper box:

<input type="checkbox"/> Amendment (complete Section A)	<input type="checkbox"/> Merger, Consolidation or Division (complete Section B,C or D)
<input type="checkbox"/> Consolidation (complete Section C)	<input type="checkbox"/> Division (complete Section D)
<input type="checkbox"/> Conversion (complete Section A & E)	<input type="checkbox"/> Correction (complete Section A)
<input type="checkbox"/> Termination (complete Section H)	<input type="checkbox"/> Revival (complete Section G)
<input type="checkbox"/> Dissolution before Commencement of Business (complete Section F)	

<input type="checkbox"/> Section A – Check box(es) which pertain to changes:				
___ Name:				

___ Registered Office: Number & street/RD number & box number	City	State	Zip	County

___ Purpose:				

___ Stock (aggregate number of share authorized):	_____	___ Effective date:	_____.	
___ Term of Existence:	_____	___ Other:	_____.	

<input type="checkbox"/> Section B – Merger Complete Section A if any changes to surviving entity:		
Merging Entities are: (<i>attach sheet for additional merging entities</i>)		
Name:	Entity #, if known:	
Effective date:	Inc./qual. date in PA.	State of Inc.

Name:	Entity #, if known:	
Effective date:	Inc./qual. date in PA.	State of Inc.

___ **Section C - Consolidation**

Consolidating Entities are: *(attach sheet for additional consolidating entities)*
 Name: _____

Entity #, if known: _____ Inc./qual. date in PA. _____ State of Inc. _____

Name: _____

Entity #, if known: _____ Inc./qual. date in PA. _____ State of Inc. _____

___ **Section D - Division**

Forming new entity(s) named below: *(attached sheet for additional entities)*

Name: _____ Entity Number: _____

Name: _____ Entity Number: _____

Check one: ___ Entity named in Part I survives. *(any changes, complete Section A)*
 ___ Entity named in Part I does not survive.

___ **Section E - Conversion** *(complete Section A)*

Check one: ___ Converted from nonprofit to profit ___ Converted from profit to nonprofit

___ **Section F - Dissolved by Shareholders or Incorporators Before Commencement of Business**

___ **Section G - Statement of Revival** *(complete Section A for any changes to revived entity)*

Entity named in Part I hereby revives its charter or articles which were forfeited by Proclamation or expired.

___ **Section H - Statement of Termination** *(attach sheet for additional entities involved)*

_____ filed in the Department of State on _____ is/are hereby terminated.
 (type of filing made) month/date/year hour, if any

If merger, consolidation or division, list all entities involved, other than that listed in Part I:
 Name: _____ Entity number: _____

Name: _____ Entity number: _____

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Entity Number

Statement of Correction
(15 Pa.C.S. § 138)

Name	<p>Document will be returned to the name and address you enter to the left.</p> <p>←</p>
Address	
City	
State Zip Code	

Fee: \$52

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 138 (relating to statement of correction) the undersigned association or other person, desiring to correct an inaccurate record of corporate or other action or correct defective or erroneous execution of a document, hereby states that:

1. The name of the association or other person is:

2. The (a) address of this association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (*the Department is hereby authorized to correct the following information to conform to the records of the Department*):

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County

3. The statute by or under which it was incorporated or the preceding filing was made, in the case of a filing that does not constitute a part of the articles of incorporation of a corporation is:

4. The inaccuracy or defect, which appears in Department of State form _____ filed on _____ and recorded in Roll and Film Number _____ et seq., is:

DSCB:15-138-2

5. *Check one of the following:*

- The portion of the document requiring correction in corrected form is set forth in Exhibit A attached hereto and made a part hereof.
- The original document to which this statement relates shall be deemed re-executed.
- The original document to which this statement relates shall be deemed stricken from the records of the Department.

IN TESTIMONY WHEREOF, the undersigned association or other person has caused this statement to be signed by a duly authorized officer thereof or otherwise in its name this

_____ day of _____, _____.

Name

Signature

Title



**Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057**

web site: www.dos.state.pa.us/corp.htm

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form: two copies of a completed form DSCB:15-134B (Docketing Statement-Changes), with respect to each form, if any, which accompanied the original filing.
- D. The statement in Paragraph 4 should identify the defective document by specifying (1) its DSCB form number, (2) the filing date, and (3) the initial roll and film number endorsed by the Department on the defective document, if available.
- E. The third alternate of Paragraph 5 cannot apply to a statement of correction filed with respect to original Articles of Incorporation, but this form may be used to correct original Articles of Incorporation. See 15 Pa.C.S. § 138(b)(2).
- F. This form and all accompanying documents shall be mailed to the address listed above.
- G. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Statement of Change of Registered Office (15 Pa.C.S.)

Entity Number	<input type="checkbox"/> Domestic Business Corporation (§ 1507) <input type="checkbox"/> Foreign Business Corporation (§ 4144) <input type="checkbox"/> Domestic Nonprofit Corporation (§ 5507) <input type="checkbox"/> Foreign Nonprofit Corporation (§ 6144) <input type="checkbox"/> Domestic Limited Partnership (§ 8506)
---------------	--

Name <hr/> Address <hr/> City State Zip Code <hr/>	Document will be returned to the name and address you enter to the left. ←
---	--

Fee: \$52

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned corporation or limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name is:

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
-----------------------	------	-------	-----	--------

(b) Name of Commercial Registered Office Provider	County
---	--------

c/o: _____

3. Complete part (a) or (b):

(a) The address to which the registered office of the corporation or limited partnership in this Commonwealth is to be changed is:

Number and street	City	State	Zip	County
-------------------	------	-------	-----	--------

(b) The registered office of the corporation or limited partnership shall be provided by:

c/o: _____

Name of Commercial Registered Office Provider	County
---	--------