

DSCB:15-1507/4144/5507/6144/8506-2

4. *Strike out if a limited partnership:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer thereof this

_____ day of _____, _____.

Name of Corporation/Limited Partnership

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. This form may not be used by a Foreign Limited Partnership which desires to amend its certificate of registration in order to reflect a change in address of registered office, change of name or other arrangements or facts that have changed. Foreign Limited Partnerships must use form DSCB:15-8585.
- C. If Paragraph 3(a) is completed, the actual street address or rural route box number must be used as the address. The Department is required to refuse to receive or file under Paragraph 3(a) a form that fails to set forth an address or sets forth only a post office box address. See 19 Pa. Code § 19.2 (relating to Change of Commercial Registered Office Provider).
- D. In the case of a corporation, if the change in registered office was authorized by a body other than the board of directors, Paragraph 4 should be modified accordingly.
- E. This form and all accompanying documents shall be mailed to the address stated above.
- F. 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**

Mark Used With Articles or Supplies
(54 Pa.C.S.)

Application for Registration (§ 1511)
 Application for Amendment (§ 1512)

Entity Number

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 articles or supplies), the undersigned desiring the register/amend its mark used in this Commonwealth to indicate the ownership of articles or supplies, 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 Registration: complete paragraph 3

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

Application for Amendment: complete paragraph 4

4. The last preceding filing with respect to this mark was made in the Department on _____, at _____, Date Roll and Film

DSCB:54-1511/1512- 2

5. The nature of the business of the applicant is:

6. The type of articles or supplies in connection with the mark is used are:

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 person/organization has caused this Application to be executed this _____ day of _____, _____.

Name of Applicant/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. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.
- C. A mark is "used in this Commonwealth" when the name, mark or device is produced upon articles or supplies which are loaned, rented, sold or otherwise circulated in this Commonwealth.
- D. A mark is "produced upon" articles or supplies when it is branded, stamped, stenciled, engraved, etched, blown, embossed, impressed, embroidered, sewn or otherwise permanently placed upon any articles or supplies.
- E. The term "mark" means any word, name, symbol, design or device, or any combination thereof.
- F. A mark may be registered on this form if it is produced upon any item which is designed and intended for reuse in the normal course of trade by the registrant and includes items such as towels, coats, aprons, uniforms, toilet devices and accessories therefore supplied for hire or compensation, and vessels, receptacles and utensils used as packages or containers in the sale and distribution of any natural or processed product, compound, mixture or substance, or any combination thereof, and parts and accessories for such vessels, receptacles and utensils.
- G. This registration is effective until January 1, 2011 and will continue in effect for additional terms of ten years each if form DSCB:54-1314/1515 (Decennial Report-Insignia/Mark Used with Articles or Supplies) is timely filed in the year 2010 and each year thereafter divisible by ten.
- H. This form and all accompanying documents shall be mailed to the address stated above.
- I. 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 with Respect to Shares
Domestic Business Corporation**
(15 Pa.C.S. § 1522)

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 15 Pa.C.S. § 1522(b) (relating to statement with respect to shares), the undersigned corporation, desiring to state the designation and voting rights, preferences, limitations, and special rights, if any, of a class or series of its shares, hereby states that:

1. The name of the corporation is:

2. Check and complete one of the following:

___ The resolution amending the Articles under 15 Pa.C.S. § 1522(b) (relating to divisions and determinations by the board), set forth in full, is as follows:

___ The resolution amending the Articles under 15 Pa.C.S. § 1522(b) is set forth in full in Exhibit A attached hereto and made a part hereof.

3. The aggregate number of shares of such class or series established and designated by (a) such resolution, (b) all prior statements, if any, filed under 15 Pa.C.S. § 1522 or corresponding provisions of prior law with respect thereto, and (c) any other provision of the Articles is _____ shares.

DSCB:15-1522-2

4. The resolution was adopted by the Board of Directors or an authorized committee thereon on:

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

____ The resolution shall be effective upon the filing of this statement with respect to shares in the Department of State.

____ The resolution shall be effective on: _____ at _____.
Date Hour

IN TESTIMONY WHEREOF, the undersigned corporation has caused this statement to be signed by a duly authorized officer thereof 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. A separate form shall be submitted for each class or series of shares affected. If a number of classes or series of shares are affected at the same time, consideration should be given to filing form DSCB:15-1915/5915 (Articles of Amendment-Domestic Corporation).
- C. The effective date in Paragraph 5 may not be prior to the filing date, but the resolution may state a prior effective date "for accounting purposes only."
- D. If the corporation was incorporated on or after October 1, 1989, the words "or corresponding provisions of prior law" may be omitted from Paragraph 3.
- E. This form and all accompanying documents shall be mailed to the address stated above.
- F. 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 Consummation of Domestication
(15 Pa.C.S. § 162F)

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 15 Pa.C.S. § 162(f) (relating to statement of consummation of domestication), the undersigned entity, desiring to consummate its domestication, hereby states that:

1. The name of the entity is:

2. Check one of the following:

An emergency condition exists in the jurisdiction the law of which governs the internal affairs of the entity and in the judgment of the management of the entity a temporary transfer of the domicile of the entity to the Commonwealth of Pennsylvania is warranted by the circumstances.

An event has occurred that, under the law of the jurisdiction governing the internal affairs of the entity, permits the entity to transfer its domicile.

IN TESTIMONY WHEREOF, the undersigned entity has caused this Statement of Consummation of Domestication to be executed this

____ day of _____, _____.

Name of Entity

Signature

Title

DSCB:15-162F



**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. This form may be filed in the Department by electronic mail, facsimile transmission, telex or other similar means of communication.
- C. If the name of the entity is in a foreign language, the name as set forth in Paragraph 1 shall be set forth in Roman letters or characters or in Arabic or Roman numerals.
- D. The notice may be executed on behalf of the entity by any authorized person.
- E. Annual renewal.-A renewal application may be filed between October 1 and December 31 in each year and shall extend the applicability of this section for the following calendar year. Otherwise the association shall not be entitled to any benefits of this section. See section 153(a)(14) (relating to contingent domestication).
- 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 Termination of Domestication
(15 Pa.C.S. § 162G)
___ Application for Renewal of Contingent or Temporary
Domestication Status (15 Pa.C.S. § 162H)

Name

Address

City

State

Zip Code

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



Fee: \$1300 - Termination
\$1200 - Renewal/Temporary

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to statement of termination of domestication/relating to annual renewal), the undersigned entity, desiring to terminate/renew its status as a contingent domestic association or its temporary domiciliary status, hereby states that:

1. The name of the entity in the form set forth in the prior filings under 15 Pa.C.S. § 162 is:

Statement of Termination of Domestication: complete paragraphs 2, 3 and 4

2. *Strike out if inapplicable:* The entity elects to terminate its domicile in this Commonwealth.

3. ___ The Statement of Contingent Domestication is reinstated pending the filing in the Department of State a new Statement of Consummation of Domestication.

4. ___ The Statement of Contingent Domestication is withdrawn.

Application for Renewal of Contingent or Temporary Domestication Status: complete paragraph 5

5. *Check one of the following:*

___ Its status as a contingent domestic association is hereby renewed.

___ Its temporary domiciliary status is hereby renewed.

DSCB:15-162H-2

IN TESTIMONY WHEREOF, the undersigned entity has caused this Statement/Application to be executed this

_____ day of _____, _____.

Name of Entity

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 this form is **\$1300 for Statement of Termination of Domestication and \$1200 for Application for Renewal of Contingent or Temporary Domestication Status** made payable to the Department of State
- B. This form and all accompanying documents shall be mailed to the address stated above.
- 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 Termination of Domestication Only

- D. This form may be filed in the Department by electronic mail, facsimile transmission, telex or other similar means of communication.
- E. If the name of the entity is in a foreign language, the name as set forth in Paragraph 1 shall be set forth in Roman letters or characters or in Arabic or Roman numerals.
- F. Paragraph 2 is applicable only if a Statement of Contingent Domestication has theretofore been filed by the entity and is then in effect.
- G. The statement may be executed on behalf of the entity by any authorized person.

Instructions for Application for Renewal of Contingent or Temporary Domestication Status Only

- H. This form may be filed between October 1 and December 31 of the year preceding the renewal year.

NOTICES

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

___ Consent to Appropriation of Name
(19 Pa.Code § 17.2)

___ Consent to Use of Similar Name
(19 Pa.Code § 17.3)

Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation) and § 17.3 (relating to use of a similar name) the undersigned association, desiring to consent to the appropriation/use of similar name of its name by another association, hereby certifies that:

1. The name of the association executing this Consent of Name 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 date of its incorporation or other organization is:

4. The statute under which it was incorporated or otherwise organized is:

5. The association(s) entitled to the benefit of this Consent of Name is(are):

6. *If Consent to Appropriation of Name, the association is about to (check one):*
___ Change its name ___ Cease to do business ___ Withdrawal from doing business in PA ___ Being wound up

7. *If Consent to Use of Similar Name, check box:*
___ Indicates that the association executing this Consent to Use of Similar Name is the parent or prime affiliate of a group of associations using the same name with geographic or other designations, and that such association is authorized to and does hereby act on behalf of all such affiliated associations, including the following (see 19 Pa. Code § 17.3(c)(6)):

IN TESTIMONY WHEREOF, the undersigned association has caused this consent to be signed by a duly authorized officer thereof this _____ day of _____, _____.

Signature

Title

DSCB:17.2.3



**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. This form will be deemed to be incorporated by reference into the filing to which it relates, e.g., articles of incorporation, articles of amendment effecting a change of name, articles of merger effecting a change of name, articles of division, application for a certificate of authority, application for an amended certificate of authority, certificate of limited partnership, amended certificate of limited partnership effecting a change of name, documents merging a partnership or other association effecting a change of name, instrument with respect to a business trust, amended instrument with respect to a business trust effecting a change of name, etc. Therefore an executed copy (which may be a photocopy) of this form should be attached to each copy of the filing to which it relates which is submitted to the Department, and no separate docketing statement should be submitted with respect to this form.
- 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.

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Statement of Termination
(15 Pa.C.S.)

Entity Number

Business Corporation (§ 1902)
 Nonprofit Corporation (§ 5902)

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 termination), the undersigned, desiring to terminate an amendment or plan that has not yet become effective, hereby states that:

1. *Check one of the following:* Set forth in full in Exhibit A, attached hereto and made a part hereof, is a copy of the filing to be hereby terminated.

<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> Articles of Merger
<input type="checkbox"/> Articles of Consolidation	<input type="checkbox"/> Articles of Division
<input type="checkbox"/> Articles of Conversion	<input type="checkbox"/> Statement with Respect to Shares (<i>Business Only</i>)
<input type="checkbox"/> Articles of Exchange (<i>Business Only</i>)	

2. *Check as appropriate:*

This statement has been executed by the corporation that filed the amendment.

This statement has been executed by each corporation that is a party to the plan to be terminated.

This statement has been executed by a corporation or corporations constituting less than all of the parties to the plan, as permitted by the plan to be terminated.

3. The amendment or plan has been terminated in accordance with the provisions thereof set forth therein.

DSCB:15-1902/5902-2

IN TESTIMONY WHEREOF, the undersigned corporation(s) has (have) caused this Statement of Termination to be executed this _____ day of _____, _____.

Name of Corporation

Signature

Title

Name of Corporation

Signature

Title



**Department of State
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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 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 association affected by the terminated filing.
- C. This form and all accompanying documents shall be mailed to the above stated address.
- D. 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																			
Articles of Amendment-Domestic Corporation (15 Pa.C.S.)																			
Entity Number <hr/>	___ Business Corporation (§ 1915) ___ Nonprofit Corporation (§ 5915)																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3" style="padding: 2px;">Address</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="border-top: 1px solid black; padding: 2px;"> </td> <td style="border-top: 1px solid black; padding: 2px;"> </td> <td style="border-top: 1px solid black; padding: 2px;"> </td> </tr> </table>	Name						Address						City	State	Zip Code				Document will be returned to the name and address you enter to the left. ←
Name																			
Address																			
City	State	Zip Code																	

Fee: \$52

Filed in the Department of State on _____ <hr/> Secretary of the Commonwealth
--

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is: <hr/>

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: <hr/>
--

4. The date of its incorporation: <hr/>
--

5. Check, and if appropriate complete, one of the following: ___ The amendment shall be effective upon filing these Articles of Amendment in the Department of State. ___ The amendment shall be effective on: _____ at _____ <div style="text-align: center; margin-top: -10px;">Date Hour</div>

DSCB:15-1915/5915-2

6. *Check one of the following:*

The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

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

The amendment adopted by the corporation, set forth in full, is as follows

The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. *Check if the amendment restates the Articles:*

The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof 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) Two copies 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) shall accompany Articles of Amendment effecting a change of name and the change in name shall contain a statement of the complete new name.
 - (3) Any necessary governmental approvals.
- D. *Nonprofit Corporations:* If the action was authorized by a body other than the board of directors Paragraph 6 should be modified accordingly.
- E. This form and all accompanying documents shall be mailed to the above stated address.
- F. 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	<input type="checkbox"/> Statement of Domestication <small>(15 Pa.C.S. § 161)</small>
	<input type="checkbox"/> Statement of Contingent Domestication-Other <small>(15 Pa.C.S. § 162E)</small>

Name _____ Address _____ City _____ State _____ Zip Code _____	Document will be returned to the name and address you enter to the left. ←
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Fee: \$100 - Domestication
 \$1300 - Contingent Domestication

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to domestication of certain alien associations/contingent domestication of certain foreign associations), the undersigned entity, desiring to become a domestic association/contingent domestic association, hereby states that:

1. The name of the entity is:

2. The name of the jurisdiction under the laws of which it was first formed, incorporated or otherwise came into being is:

3. The date on which it was first formed, incorporated or otherwise came into being is:

4. The name of the jurisdiction that constituted the seat, siege social or principal place of business or control administration of the entity, or any equivalent under applicable law, immediately prior to the filing of this statement was:

5. Upon domestication the entity will be a domestic association under the laws of the Commonwealth of Pennsylvania.

DSCB:15-161/162E-2

Statement of Domestication: complete paragraph 6

6. ___ The filing of this statement and the renunciation of the prior domicile of the undersigned entity have been authorized by a majority in interest of the shareholders, members or other proprietors of the entity or by any greater vote required by its charter or other organic documents.

Statement of Contingent Domestication-Other: complete paragraphs 7 and 8

7. ___ The effectiveness of this Statement of Contingent Domestication is contingent upon the subsequent filing of a Statement of Consummation of Domestication.

8. ___ The filing of this Statement of Contingent Domestication and the delegation of authority to file a Statement of Consummation of Domestication on behalf of the undersigned entity has been authorized by a majority in interest of the shareholders, members or other proprietors of the entity or by any greater vote required by its charter or other organic documents.

IN TESTIMONY WHEREOF, the undersigned entity has caused this statement to be executed this

___ day of _____, _____.

Name of Entity

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 fee for filing a **Statement of Domestication** is \$100 and the fee for filing a **Statement of Contingent Domestication-Other** is \$1300 made payable to the Department of State.
- B. This form may be filed in the Department by electronic mail, facsimile transmission, telex or other similar means of communication.
- C. This form may be filed by an (alien) entity, such as an (alien) sole proprietorship which is not an association as defined in 15 Pa.C.S. § 102 (relating to definitions).
- D. This form shall be executed in the English language.
- E. If the name of the entity is in a foreign language, the name as set forth in Paragraph 1 shall be set forth in Roman letters or characters or in Arabic or Roman numerals.
- F. The statement may be executed on behalf of the entity by any authorized person.
- 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.

Instructions for Statement of Domestication Only:

- I. The following, in addition to the filing fee, shall accompany this form: One copy of a completed form DSCB:15-134A (Docketing Statement).
- J. This form may not be filed by any association eligible to file form DSCB:15-4161/6161 (Articles of Domestication-Foreign Corporation)

Instructions for Statement of Contingent Domestication-Other Only:

- K. 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). However, the filing of this form will not prevent another association from later appropriating the name or utilizing a similar name in view of the confidentiality provisions of 15 Pa.C.S. § 162 (a).
 - (3) Any necessary Pennsylvania governmental approvals.

- L. This form may not be filed by any association eligible to file DSCB:15-162A/162B/162C/162D (Statement of Contingent Domestication-Foreign Business/Nonprofit Corporation/Limited Partnership/Limited Liability Company) or by any entity governed by the laws of the United States, any state, Puerto Rico or any possession or territory of the United States.
- M. Annual renewal.-A renewal application may be filed between October 1 and December 31 in each year and shall extend the applicability of this section for the following calendar year. Otherwise the association shall not be entitled to any benefits of this section. See Section 153(a)(14) (relating to contingent domestication).

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Articles/Certificate of Merger
(15 Pa.C.S.)

Domestic Business Corporation (§ 1926)
 Domestic Nonprofit Corporation (§ 5926)
 Limited Partnership (§ 8547)

Entity Number

Name _____
 Address _____
 City _____ State _____ Zip Code _____

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

Fee: \$108 plus \$28 additional for each Party in additional to two

Filed in the Department of State on _____

 Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:

2. Check and complete one of the following:
 The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its 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 _____

The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation /limited partnership incorporated/formed under the laws of _____ and the (a) address of its 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 _____

The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:
 Number and Street City State Zip

DSCB:15-1926/5926/8547-2

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business/nonprofit corporation/limited partnership and qualified foreign business/nonprofit corporation/limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County

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

The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State.

The plan of merger shall be effective on: _____ at _____.

Date
Hour

5. The manner in which the plan of merger was adopted by each domestic corporation/limited partnership is as follows:

Name	Manner of Adoption

6. *Strike out this paragraph if no foreign corporation/limited partnership is a party to the merger.*
 The plan was authorized, adopted or approved, as the case may be, by the foreign business/nonprofit corporation/limited partnership (or each of the foreign business/nonprofit corporations/limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated/organized.

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

The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation/Certificate of Limited Partnership of the surviving corporation/limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a party hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation/limited partnership, the address of which is.

Number and street	City	State	Zip	County
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DSCB: 15-1926/5926/8547-3

IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

_____ day of _____,

_____.

Name of Corporation/Limited Partnership

Signature

Title

Name of Corporation/Limited Partnership

Signature

Title

DSCB: 15-1926/5926/8547



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 \$108 plus \$28 additional for each party in addition to two, 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) Two copies of a completed form DSCB:15-134B (Docketing Statement-Changes).
 - (2) One copy of a completed form DSCB:15-134A (Docketing Statement), with respect to the new corporation resulting from a consolidation, unless the new corporation is a nonqualified foreign corporation.
 - (3) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name) shall accompany Articles of Merger effecting a change of name, and the change in name shall contain a statement of the complete new name.
 - (4) Any necessary governmental approvals.
- D. If a new corporation/limited partnership results from the transaction the form should be rewritten as Articles/Certificate of Consolidation and modified accordingly. *For Limited Partnerships*-Similarly, if a general partnership, corporation, business trust or other association is a party to the plan pursuant to 15 Pa.C.S. § 8545 (c) (relating to business trusts and other associations) this form should be modified accordingly.
- E. A foreign business/nonprofit corporation/limited partnership may be a party to a merger notwithstanding the fact that it has not been authorized to do business in Pennsylvania. However, if the surviving corporation/limited partnership is a foreign corporation /limited partnership which is not the holder of a Certificate of Authority under the Business/Nonprofit Corporation Law or is not authorized to do business in Pennsylvania under the Pennsylvania Revised Uniform Limited Partnership Act on the effective date of the merger, there must be submitted with this form tax clearance certificates from the Department of Revenue and the Bureau of Employment Security of the Department of Labor and Industry with respect to each domestic corporation/limited partnership and qualified foreign corporation/limited partnership evidencing the payment of all taxes and charges payable to the Commonwealth.
- F. If the name of a commercial registered office provider is used in Paragraph 3, it must be preceded by "c/o". See 15 Pa.C.S. § 109 (relating to name of commercial registered office provider in lieu of registered address).
- G. The effective date in Paragraph 4 may not be prior to the filing date, but the plan of merger may state a prior effective date "for accounting purposes only."
- H. One of the following statements or the equivalent should be used in the second column of Paragraph 5 to set forth the manner of adoption.

For Articles of Merger (Corporations)

"Adopted by action of the shareholders (or members) pursuant to 15 Pa.C.S. § 1905" or "Adopted by action of the members (or shareholders) pursuant to 15 Pa.C.S. § 5905."

DSCB:15-1926/5926/8547

"Adopted by the directors and shareholders (or members) pursuant to 15 Pa.C.S. § 1924(a)" or "Adopted by the directors and members (or shareholders) pursuant to 15 Pa.C.S. § 5924(a)".

"Adopted by action of the board of directors of the corporation pursuant to 15 Pa.C.S. § 1924(b)(2)" or "Adopted by action of the board of directors of the corporation pursuant to 15 Pa.C.S. § 5924(b)". *(If the action was authorized by a body other than the board of directors this statement should be modified accordingly).*

"Adopted by action of the board of directors of the parent corporation pursuant to 15 Pa.C.S. § 1924(b)(3)."

For Certificate of Merger-(Limited Partnerships)

"Adopted by the partners pursuant to 15 Pa.C.S. § 8546(f)."

"Adopted by the general partners pursuant to 15 Pa.C.S. § 8546(g)."

- I. *For Business Corporation Only:* If partnership, business trust or other non-corporate association is a party to the plan under 15 Pa.C.S. § 1921(c) (relating to business trusts, partnerships and other associations) appropriate changes should be made in the form.
- J. *For Business Corporations Only:* If the second option in Paragraph 7 is checked, the surviving corporation is required by 15 Pa.C.S. § 1901 (relating to omission of certain provisions from filed plans) to furnish a copy of the full text of the plan, on request and without cost, to any shareholder and, unless the surviving corporation is a closely-held corporation as defined in 15 Pa.C.S. § 1103 (relating to definitions), on request and at cost to any other person.
- K. *For Nonprofit Corporations Only:* If the second option in Paragraph 7 is checked, the surviving corporation is required by 15 Pa.C.S. § 5901 (relating to omission of certain provisions from filed plans) to furnish a copy of the full text of the plan, on request and without cost, to any person.
- L. *For Limited Partnerships Only:* If the second option in Paragraph 7 is checked, the surviving limited partnership is required by 15 Pa.C.S. § 8547(b) (relating to omission of certain provisions of plan of merger or consolidation) to furnish a copy of the full text of the plan, on request and without cost, to any partner of the limited partnership that was a party to the plan and, unless all parties to the plan had fewer than 30 partners each, on request and at cost to any other person.
- M. Where more than two corporations/limited partnerships are parties to the merger appropriate additional corporate signatures should be added. All parties to the merger shall execute the Articles of Merger, including a nonqualified foreign business/nonprofit corporation/limited partnership which is not the surviving corporation/limited partnership and which is not otherwise mentioned in the body of the Articles/Certificate of Merger and with respect to which no docketing statement is submitted, except where the parent corporation (*Business Corporations Only*) is the sole signatory under 15 Pa.C.S. § 1924(b)(3)).
- N. This form and all accompanying documents shall be mailed to the address stated above.
- O. 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 Contingent Domestication-Foreign
(15 Pa.C.S.)

Entity Number

Business Corporation (§ 162A) Nonprofit Corporation (§ 162B)
 Limited Partnership (§ 162C) Limited Liability Company (§ 162D)

Name <hr/> Address <hr/> City State Zip Code <hr/>	Document will be returned to the name and address you enter to the left. ←
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Fee: \$1300

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to contingent domestication of certain foreign associations), the undersigned, desiring to become a domestic association, 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. Check one of the following:

_____ *Business Corporation*: Upon domestication the corporation will be subject to the domestic corporation provisions of the Business Corporation Law of 1988.

_____ *Nonprofit Corporation*: Upon domestication the corporation will be subject to the domestic corporation provisions of the Nonprofit Corporation Law of 1988.

_____ *Limited Partnership*: Upon domestication the limited partnership will be subject to the domestic limited partnership provisions of the Limited Partnership Act of 1988.

_____ *Limited Liability Company*: Upon domestication the limited liability company will be subject to the domestic limited liability company provisions of the Limited Liability Act of 1994.

DSCB:15-162A/162B/162C/162D-2

Foreign Nonprofit, Limited Partnership and Limited Liability Company: complete paragraph 4

4. The purpose or purposes to be domesticated in the Commonwealth of Pennsylvania are:

Foreign Business Corporation: complete paragraph 5

5. *(Strike out if inapplicable; otherwise check and, if applicable, complete one or more of the following):*

The purpose or purposes for which the corporation is to be domesticated in the Commonwealth of Pennsylvania is/are:

The purposes for which the corporation is to be domesticated in the Commonwealth of Pennsylvania include unlimited power to engage in and to do any lawful act concerning any and all lawful business for which corporations may be incorporated under the Business Corporation Law of 1988.

The purposes for which the corporation is to be domesticated in the Commonwealth of Pennsylvania consist of unlimited power to engage in and to do any lawful act concerning any and all lawful business for which corporations may be incorporated under the Business Corporation Law of 1988.

6. *Strike out if inapplicable:* This Statement of Contingent Domestication includes the additional provisions set forth in Exhibit A attached hereto and made a part hereof.

7. The effectiveness of this Statement of Contingent Domestication is contingent upon the subsequent filing of a Statement of Consummation of Domestication.

8. The filing of this Statement of Contingent Domestication and the delegation of authority to file a Statement of Consummation of Domestication on behalf of the undersigned, has been authorized by a majority vote of the votes cast by all members/partners/shareholders, if any, entitled to vote thereon and, if any class of members/partners/shares is entitled to vote thereon as a class, a majority of the votes cast in each class vote subject to § 8982 or § 8590 or by any greater vote required by its charter.

IN TESTIMONY WHEREOF, the undersigned has caused this statement to be executed this _____ day of _____,

_____.

Name of Corporation/Limited Partnership/Limited Liability Company

Signature

Title

DSCB: 15-162A/162B/162C/162D



**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 \$1300 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).
However, the filing of this form will not prevent another association from later appropriating the name or utilizing a similar name in view of the confidentiality provisions of 15 Pa.C.S. § 162(a). The foreign limited liability company name or foreign limited partnership name may be protected by filing form DSCB:15-8981/8582 (Application for Registration as a Foreign Limited Liability Company/Limited Partnership). The corporate name may be protected by filing form DSCB:15-4124/6124 (Application for Certificate of Authority Foreign Corporation) or form DSCB:15-4131/6131 (Application for Registration of Name-Nonqualified Foreign Corporation).
 - (3) Any necessary Pennsylvania governmental approvals.
- D. This form may be filed in the Department of electronic mail, facsimile transmission, telex or other similar means of communication.
- E. This form may not be filed by any foreign business corporation, foreign limited liability company, foreign nonprofit corporation, foreign limited partnership governed by the laws of the United States, any state, Puerto Rico or any possession or territory of the United States.
- F. This form shall be executed in the English language.
- G. There is no official publication requirement incident to the filing of this form.
- H. If the name is in a foreign language, the name as set forth in Paragraph 1 shall be set forth in Roman letters or characters or in Arabic or Roman numerals.
- I. The statement may be executed by any authorized person.
- J. Annual renewal – A renewal application may be filed between October 1 and December 31 in each year and shall extend the applicability of this section for the following calendar. Otherwise the association shall not be entitled to any benefits of this section. See Section 153(a)(14) relating to contingent domestication.

DSCB: 15-162A/162B/162C/162D

K. *For Foreign Nonprofit and Foreign Business Corporations Only.*

1. For general instructions relating to the incorporation of business corporations see 19 Pa. Code Ch. 41 (relating to nonprofit corporations generally) or 19 Pa. Code Ch. 23 (relating to business corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, share/non-stock status, authorized share structure, related authority of the board of directors, optional provisions on cumulative voting for election of directors, etc., corporations without members, etc.
2. If the term of existence of the corporation is not to be perpetual, a paragraph setting forth the limited term should be included.
3. *Foreign Nonprofit Only:* The Statement of Contingent Domestication may include provisions authorized by 15 Pa.C.S. Pt.II, Subpt.C, Art.B (relating to domestic nonprofit corporations generally) to be set forth in the original articles.
4. *Foreign Business Only:* The Statement of Contingent Domestication may include provisions relating to the manner and basis of reclassifying the shares of the corporation; any provision under 15 Pa.C.S. § 1906 providing special treatment of shares held by any shareholder or group of shareholders (if the laws of the jurisdiction under which the corporation was incorporated prior to domestication permit such special treatment); and any other provisions authorized by 15 Pa.C.S. Pt.II, Subpt.B, Art.B (relating to domestic business corporations generally) to be set forth in the original articles.

L. This form and all accompanying documents shall be mailed to the address stated above.

M. 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**

**Articles of Exchange
Domestic Business Corporation**
(15 Pa.C.S. §1931)

Entity Number

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 15 Pa.C.S. § 1931(e) (relating to articles of exchange), the undersigned business corporation, desiring to effect an exchange, hereby states that:

1. The name of the exchanging corporation 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 (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. Check and if appropriate complete, one of the following:

___ The plan of exchange shall be effective upon filing these Articles of Exchange in the Department of State.

___ The plan of exchange shall be effective on: _____ at _____.

Date Hour

DSCB:15-1931-2

4. Check one of the following:

- The plan of exchange was adopted by act of the shareholders (or members) pursuant to 15 Pa.C.S. § 1905.
- The plan of exchange was adopted by the directors and shareholders (or members) pursuant to 15 Pa.C.S. §§ 1924(a) and 1931(c).

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

- The plan of exchange is set forth in full in Exhibit A attached hereto and made a part hereof.
- Pursuant to 15 Pa.C.S. § 1901 (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of exchange that amend or constitute the operative Articles of Incorporation of the exchanging corporation as in effect subsequent to the effective date of the plan is set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of exchange is on file at the principal place of business of the exchanging corporation, the address of which is:

Number and street	City	State	Zip	County
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IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of exchange to be signed by a duly authorized officer thereof 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) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name) shall accompany Articles of Exchange effecting a change of name, and the change in name shall contain a statement of the complete new name.
 - (2) Any necessary governmental approvals.
- D. The effective date in Paragraph 3 may not be prior to the filing date, but the plan of exchange may state a prior effective date "for accounting purposes only."
- E. If the second option in Paragraph 5 is checked, the exchanging corporation is required by 15 Pa.C.S. § 1901 (relating to omission of certain provisions from filed plans) to furnish a copy of the full text of the plan, on request and without cost, to any shareholder and, unless the exchanging corporation is a closely-held corporation as defined in 15 Pa.C.S. § 1103 (relating to definitions), on request and at cost to any other person.
- 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**

Articles/Certificate of Division
(15 Pa.C.S.)

Entity Number

___ Business Corporation (§ 1954)

___ Non-Profit Corporation (§ 5954)

___ Limited Partnership (§ 8579)

___ Limited Liability Company (§ 8964)

Name _____

Address _____

City _____ State _____ Zip Code _____

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

←

Fee: \$152 plus \$100 for each additional Entity in excess of one

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles/certificate of division), the undersigned desiring to effect a division, hereby states that:

1. The name of the dividing corporation/limited partnership/limited liability company is:

2. Check and complete one of the following:

___ The dividing corporation/limited partnership/limited liability company is a domestic business/nonprofit corporation /limited partnership/limited liability company and the (a) address of its 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 _____				

___ The dividing corporation/limited partnership/limited liability company is a qualified foreign business/nonprofit corporation/limited partnership/limited liability company incorporated/organized under the laws of _____ and the (a) address of its 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 _____				

___ The dividing corporation/limited partnership/limited liability company is a nonqualified foreign business/nonprofit corporation/limited partnership/limited liability company incorporated/organized under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip

DSCB:15-1954/5954/8579/8964-2

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

4. The date of its incorporation/organization is:

5. Check one of the following:
___ The dividing corporation/limited partnership/limited liability company will survive the division.
___ The dividing corporation/limited partnership/limited liability company will not survive the division.

6. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each domestic business/nonprofit corporation/limited partnership/limited liability company and qualified foreign business/nonprofit corporation/limited partnership/limited liability company resulting from the division are as follows:
Name Registered Office Address/Commercial Registered Office Provider County

7. Check, and if appropriate complete, one of the following:
___ The plan of division shall be effective upon filing these Articles/Certificate of Division in the Department of State.
___ The plan of division shall be effective on: _____ at _____.
Date Hour

Certificate of Division-Limited Partnership/Limited Liability Company: Complete paragraphs 8 and 9

8. The manner in which the plan of division was adopted is as follows:

9. The plan of division is set forth in full in Exhibit A attached hereto and made a part hereof.

DSCB: 15-1954/5954-3

Articles of Division-Business and Nonprofit Corporations: complete paragraphs 10 and 11

10. Check one of the following:

The dividing corporation is a domestic business/nonprofit corporation and the plan of division was adopted by action of the shareholders (or member) pursuant to 15 Pa.C.S. § 1905 or adopted by action of the members (or shareholders) pursuant to 15 Pa.C.S. § 5905.

The dividing corporation is a domestic business/nonprofit corporation and the plan of division was adopted by action of the directors and shareholders (or members) pursuant to 15 Pa.C.S. §§ 1924(a) and 1952 or adopted by action of the members (or shareholders) pursuant to 15 Pa.C.S. §§ 5924(a) and 5952(c) and (d).

The dividing corporation is a domestic business/nonprofit corporation and the plan of division was adopted by action of the board of directors pursuant to 15 Pa.C.S. § 1953 or §§ 5924(b) and 5952(c) and (d).

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

The plan of division is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 1901/5901 (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of division that amends or constitutes the operative provisions of the Articles of Incorporation of the resulting corporations as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a party hereof. The full text of the plan of division is on file at the principal place of business of the resulting corporation, the name and address of which is.

Name of Resulting Corporation	Number and street	City	State	Zip	County
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IN TESTIMONY WHEREOF, the undersigned has caused these Articles/Certificate of Division to be signed by a duly authorized officer/general partner/member or manager thereof this

_____ day of _____,

_____.

Name of Corporation/Limited Partnership/Limited Liability Company

Signature

Title