

DSCB:15-4126/6126-2

5. The corporation desires that its certificate of authority be amended to change the name under which it is authorized to transact business in the Commonwealth of Pennsylvania to:

6. *If the name set forth in Paragraph 5 is not available for use in this Commonwealth, complete the following:*

The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:

The corporation shall do business in Pennsylvania only under such fictitious name pursuant to the attached resolution of the board of directors under the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) and the attached form DSCB:54-311 (Application for Registration of Fictitious Name).

7. *Check one of the following:*

The change of name reflects a change effected in the jurisdiction of incorporation

Documents complying with the applicable provisions of 15 Pa.C.S. § 4123(b) or 6123(b) (relating to exception; name) accompany this application.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for an Amended Certificate of Authority to be signed by a duly authorized officer thereof this

_____ day of _____,

_____.

Name of Corporation

Signature

Title

DSCB: 15-4126/6126



**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 \$180 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). If Letter of Consent cannot be obtained, the applicant may file in the Department a resolution of its board of directors adopting a fictitious name for use in transacting business in the Commonwealth of Pennsylvania which fictitious name is distinguishable upon the record to the name of any conflicting profit corporation or other association or confusingly similar to the name of any conflicting nonprofit corporation or other association and that is otherwise available for use by a domestic business or nonprofit corporation. See 15 Pa.C.S. §§ 4123(b)(1)(i) and 6123(b)(1)(i). An additional filing fee of \$52 shall accompany form DSCB:54-311 (Application for Registration of Fictitious Name).
 - (3) Any necessary governmental approvals. If required governmental approvals for the use of the name cannot be obtained, the applicant may file in the Department a resolution of its board of directors adopting a fictitious name that is otherwise available for use by a domestic business or nonprofit corporation. See 15 Pa.C.S. §§ 4123(b)(2) and 6123(b)(2).
- D. Where the name of the corporation does not comply with 19 Pa. Code § 23.3 (relating to business corporation names) or with 19 Pa. Code § 41.3 (relating to nonprofit corporation names) the corporation must adopt a corporate designator for use in Pennsylvania and set forth the resulting name in Paragraph 5. See also 19 Pa. Code § 17.41 (relating to foreign association names).
- E. This form and all accompanying documents shall be mailed to the address stated above.
- Under 15 Pa.C.S. §§ 4126(b) or 6126(b) upon the filing of this form the applicant corporation shall be deemed to hold an amended certificate of authority, and no actual amended certificate will be issued to the applicant by the Department.
- 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**

**Statement of Merger, Consolidation or Division
Qualified Foreign Corporation**
(15 Pa.C.S.)

Entity Number

Foreign Business Corporation (§ 4127)
 Foreign Nonprofit Corporation (§ 6127)

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 plus \$28 for each

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, which is the corporation surviving or a new corporation resulting from a statutory merger, consolidation or division to which a qualified foreign corporation was a non-surviving party, hereby states that:

1. The non-surviving qualified foreign corporation(s) which was a party (were parties) to the statutory merger, consolidation or division is (are):

Name	Jurisdiction	Date Certificate of Authority was filed in PA.
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Check one of the following:

The corporate existence of the corporation(s) named in the foregoing paragraph has (have) been terminated by:

Merger
 Consolidation
 Division

DSCB:15-4127/6127-2

3. *Strike out this paragraph if the transaction was a merger and the surviving corporation is a qualified foreign business corporation.*

Attached hereto and made a part hereof as Exhibit A is a completed form DSCB:15-4124/6124 (Application for a Certificate of Authority-Foreign Corporation) with respect to each foreign corporation resulting from or surviving the merger, consolidation or division.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Statement of Merger, Consolidation or Division to be signed by a duly authorized officer thereof this

_____ day of _____,

_____.

Name of Surviving 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 plus \$28 for each qualified foreign corporation named therein, made payable to the Department of State.
- B. The following, in addition to the filing fee, shall accompany this form:
- (1) Two copies of completed form DSCB:15-134B (Docketing Statement-Changes) with respect to each qualified foreign corporation named in Paragraph 1.
 - (2) If form DSCB:15-4124/6124 (Application for a Certificate of Authority-Foreign Corporation) is attached, copies of any documents and one copy of completed form DSCB:15-134A (Docketing Statement) as required by the instructions of that form.
- C. It is not necessary to execute the form DSCB:15-4124/6124 attached as Exhibit A or to submit to the Department the original or an amended certificate of authority for cancellation. The filing fee specified for this form includes the filing of such Exhibit A and an additional fee relating to form DSCB:15-4124/6124 should not be tendered.
- D. If a domestic corporation is a party to the transaction described in the introduction to this form, this form should not be filed.
- E. This form is applicable only where the qualified foreign corporation is a nonsurviving party to a transaction not effected by a filing in the Department. If a qualified foreign corporation is a surviving party to a transaction not effected by a filing in the Department, form DSCB:15-4126/6126 (Application for an Amended Certificate of Authority-Foreign Corporation) should be filed by the qualified foreign corporation, but only if the name of the corporation is changed by the merger or division.
- F. Under 15 Pa.C.S. §§ 4127(b) and 6127(b) upon the filing of this form any applicant corporation named in form DSCB:15-4124/6124 attached as Exhibit A shall be deemed to hold a certificate of authority, and no actual certificate will be issued to the applicant by the Department.
- 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**

Certificate of Revocation-Foreign Corporation
(15 Pa.C.S.)

Entity Number

Business Corporation (§ 4128)
 Nonprofit Corporation (§ 6128)

Name _____

Address _____

City _____ State _____ Zip Code _____

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

←

Fee: None

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 Department of State hereby certifies that:

1. The name is of the foreign corporation to which this certificate relates is:

2. The name of the jurisdiction under the laws of which the corporation is incorporated is:

3. The corporation received a Certificate of Authority to do business in the Commonwealth on:

4. The Certificate of Authority of the corporation is hereby revoked.

EXECUTED this ____ day of _____, _____

Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Application for Termination of Authority
Foreign Corporation**
(15 Pa.C.S.)
 Business Corporation (§ 4129)
 Nonprofit Corporation (§ 6129)

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 of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned qualified foreign corporation, desiring to withdraw from doing business in this Commonwealth, hereby states that:

1. The name of the corporation 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 name of the jurisdiction under the laws of which the corporation is incorporated is:

4. The date the corporation received a Certificate of Authority to do business in this Commonwealth:

5. The corporation herewith surrenders its Certificate of Authority to do business in this Commonwealth.

DSCB:15-4129/6129-2

6. Notice of its intention to withdraw from doing business in this Commonwealth was mailed by certified or registered mail to each municipal corporation in which the registered office or principal place of business of the corporation in this Commonwealth is located and official publication required by 15 Pa.C.S. § 4129(b) or 6129(b) has been effected.

7. Process in any action or proceeding upon any liability incurred before the filing hereof may be sent to the following:

_____	_____	_____	_____	_____
Number and Street	City	State	Zip	County

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

_____ day of _____,

_____.

Name of Corporation

Signature

Title

DSCB: 15-4129/6129



**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) 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.
 - (2) Any necessary governmental approvals.
- It is not necessary to submit to the Department the original or an amended certificate of authority for cancellation.
- D. The corporation is required by 15 Pa.C.S. § 4129(b) or 6129(b) (relating to advertisement) to advertise its intention to withdraw or its withdrawal from doing business in Pennsylvania. 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.
- 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**

Statement of Change of Address by Withdrawn Corporation

Entity Number	Foreign Corporation (15 Pa.C.S.) <input type="checkbox"/> Business Corporation (§ 4130) <input type="checkbox"/> Nonprofit Corporation (§ 6130)
---------------	---

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 _____ <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Secretary of the Commonwealth</p>

In compliance with the requirements of the applicable provisions 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned foreign corporation, which was formerly a qualified foreign corporation, desiring to effect a change of address to which process may be sent in any action upon any liability incurred before the filing of an application for termination of authority, hereby states that:

1. The name of the withdrawn corporation is: <hr style="border: 0; border-top: 1px solid black;"/>

2. <i>If this statement is filed by a successor in interest, complete the following:</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name of Successor</td> <td style="width: 50%; border: none;">Capacity</td> </tr> </table> <hr style="border: 0; border-top: 1px solid black;"/>	Name of Successor	Capacity
Name of Successor	Capacity	

3. The name of the jurisdiction under the laws of which the corporation filing this statement is incorporated is: <hr style="border: 0; border-top: 1px solid black;"/>
--

4. The former address of the withdrawn corporation as of record in the Department is: <hr style="border: 0; border-top: 1px solid black;"/> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Number and street</td> <td style="width: 20%; border: none;">City</td> <td style="width: 20%; border: none;">State</td> <td style="width: 20%; border: none;">Zip</td> <td style="width: 15%; border: none;">County</td> </tr> </table>	Number and street	City	State	Zip	County
Number and street	City	State	Zip	County	

DSCB:15-4130/6130-2

5. The new address of the withdrawn corporation or its successor is:

Number and Street	City	State	Zip	County
-------------------	------	-------	-----	--------

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Statement of Change of Address by Withdrawn Corporation to be signed by a duly authorized officer thereof this

_____ day of _____,

_____.

Name of Corporation

Signature

Title

DSCB: 15-4130/6130



**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 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.

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Application for Registration of Name
Nonqualified Foreign Corporation**
(15 Pa.C.S.)
 Business Corporation (§ 4131)
 Nonprofit Corporation (§ 6131)

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 of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned nonqualified foreign corporation, desiring to register its name with the Department of State under 54 Pa.C.S. Ch. 5 (relating to corporate and other association names), hereby states that:

1. The name of the corporation is:

2. The address of the corporation is:

Number and street City State Zip County

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

_____ day of _____,

_____.

Name of Corporation

Signature

Title

DSCB: 15-4131/6131



**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 following, in addition to the filing fee, shall accompany the initial filing of this form: any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
- C. This registration is effective for all or part of the calendar year for which it is filed. This filing must be renewed annually between October 1 and December 31 for the following calendar year.
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. 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 Domestication-Foreign
(15 Pa.C.S.)

Entity Number

Business Corporation (§ 4161)
 Nonprofit Corporation (§ 6161)

Name _____

Address _____

City _____ State _____ Zip Code _____

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, qualified foreign corporation, desiring to become a domestic business or nonprofit corporation, hereby states that:

1. The name of the 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:

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

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

c/o: _____

3. Upon domestication, the corporation will be subject to the domestic corporation provisions of the Business Corporation Law of 1988 or the Nonprofit Corporation Law of 1988.

DSCB:15-4161/6161-2

4. *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 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 business 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 consists of unlimited power to engage in and to do any lawful act concerning any and all lawful business for which business corporations may be incorporated under the Business Corporation Law of 1988.

5. *Check applicable paragraph:*

___ The filing of these Articles of Domestication and, if desired, the renunciation of the original charter or articles of the corporation has been authorized by a majority vote of the votes cast by all shareholders entitled to vote thereon and, if any class of shares is entitled to vote thereon as a class, a majority of the votes cast in each class vote, or by any greater vote required by its charter.

___ The filing of these Articles of Domestication and, if desired, the renunciation of the original charter or articles has been authorized by a majority vote of the votes cast by all members, if any, entitled to vote thereon and, if any class of members is entitled to vote thereon as a class, a majority of the votes cast in each class vote, or by any greater vote required by its charter.

6. *Strike out if inapplicable:* These Articles of Domestication include the additional provisions set forth in full in Exhibit A attached hereto and made a part hereof.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Domestication to be executed this

___ day of _____,

_____.

Name of Corporation

Signature

Title

DSCB: 15-4161/6161



**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. The first alternative of Paragraph 4 must be completed in the case of a nonprofit corporation. No other alternate of Paragraph 4 is applicable to a nonprofit corporation.
- E. This form shall be executed in the English language.
- F. 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, optional provisions on cumulative voting for election of directors, etc.
- G. For general instructions relating to the incorporation of nonprofit corporations see 19 Pa. Code Ch. 41 (relating to nonprofit corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, authorized share structure, inclusion of names of first directors in the Articles of Incorporation, provisions on incorporation of unincorporated associations, etc.
- H. There is no official publication requirement incident to the filing of this form.
- I. If the name of the corporation 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.
- J. If the term of existence of the corporation is not to be perpetual, a paragraph setting forth the limited term should be included.

DSCB:15-4161/6161

- K. Optional provisions required or authorized by law may be added in Exhibit A as Paragraphs 7, 8, 9...etc. The Articles of Domestication of a business corporation 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. The Articles of Domestication of a nonprofit corporation may include any provision 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.
- M. This form and all accompanying documents shall be mailed to the address stated above.
- N. 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
Unincorporated Association Name**
(54 Pa.C.S. § 502)

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 54 Pa.C.S. § 502 (b) (relating to certain additions to register) the undersigned unincorporated association, desiring to register with the Department of State the name under which it is doing business or operating, hereby states that:

1. The name to be registered is:

2. The address of the association is:

Number and street City State Zip County

3. The length of time, if any, during which the name has been used by the applicant is:

IN TESTIMONY WHEREOF, the undersigned association has caused this Application for Registration of Unincorporated Association Name to be signed by a duly authorized officer 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 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).
 - (2) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. 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

**Decennial Report of
Association Continued Existence**
(54 Pa.C.S. § 503)

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 54 Pa.C.S. § 503 (relating to decennial filings required) the undersigned association hereby states that:

1. The name of the association to which this report relates 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
<hr style="border: 0.5px solid black;"/>				
(b) Name of Commercial Registered Office Provider				County
c/o: <hr style="border: 0.5px solid black;"/>				

3. The association has not during the preceding ten years made any filing in the Department a permanent record of which is retained by the Department.

4. The association continues to exist.

DSCB:54-503-2

IN TESTIMONY WHEREOF, the undersigned association has caused this Decennial Report of Association Continued Existence to be signed by a duly authorized officer 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 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. No filing of this form is required if the association has during the preceding ten years made any filing in the Department under 19 Pa. Code other than on a form listed in 19 Pa. Code § 17.51, which relates to name searches, consent to appropriation or use of similar names and application for reservation of names.
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. 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 Registration of Association Name**
(54 Pa.C.S. § 506)

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 54 Pa.C.S. § 506 (relating to voluntary termination of registration by corporations and other associations), the undersigned association, desiring to terminate the registration of its name with the Department of State, hereby states that:

1. The name of the association is:

2. The (a) address of this association's present 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. The name of the association was registered on _____ under the following statute:

Date

4. The registration of the name of the association under 54 Pa.C.S. Ch.5 (relating to corporation and other association names) is hereby terminated.

DSCB:54-506-2

IN TESTIMONY WHEREOF, the undersigned association
has caused this Statement of Termination of Registration of
Name to be signed by a duly authorized officer 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 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 applicable statute to be inserted in Paragraph 3 should be determined by reference to the basis of registration set forth in 54 Pa.C.S. § 501(a) (relating to register established).
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. 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

Annual Statement-Nonprofit Corporation
(15 Pa.C.S. § 5110)

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: None

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 5110 (relating to annual report), the undersigned domestic or qualified foreign nonprofit corporation, hereby states that:

1. The name of the corporation is:

2. The address of its principal office is:

Number and street City State Zip County

3. The names and title of the persons who are its principal officers are:

Names	Titles

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Annual 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. There is no filing fee with respect to this form.
- B. On or before April 30 of each year where there has been a change in corporate officers during the preceding calendar year, this form shall be filed by each domestic nonprofit corporation which effected any filing in the Department of State after December 31, 1972 and by each qualified nonprofit corporation.
- C. This form is not a substitute for form DSCB:15-1507/4144/5507/6144/8506 (Statement of Change of Registered Office), and the appropriate form shall be filed to reflect a change in Pennsylvania registered office address.
- D. This form and all accompanying documents shall be mailed to the above stated address.
- E. 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 Incorporation-Nonprofit
(15 Pa.C.S.)

Entity Number Domestic Nonprofit Corporation (§ 5306)
 Nonprofit Cooperative Corporation (§ 7102B)

Name _____

Address _____

City _____ State _____ Zip Code _____

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 articles of incorporation or cooperative corporations generally), the undersigned, desiring to incorporate a nonprofit/nonprofit cooperation corporation, hereby state(s) that:

1. The name of the corporation 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 corporation is incorporated under the Nonprofit Corporation Law of 1988 for the following purpose or purposes.

4. The corporation does not contemplate pecuniary gain or profit, incidental or otherwise.

DSCB:15-5306/7102B-2

5. Check one of the following:

The corporation is organized on a non-stock basis.

Option for Nonprofit Cooperative Corporation Only: The corporation is organized on a stock share basis.

6. For Nonprofit Corporation Only:

(Strike out if inapplicable): The corporation shall have no members.

(Strike out if inapplicable): The incorporators constitute a majority of the members of the committee authorized to incorporate: _____ by the requisite vote required by the organic law of the association for the amendment of such organic law.

7. For Nonprofit Cooperative Corporation Only:

Complete and strike out the inapplicable term: The corporation is a cooperative corporation and the common bond of membership among its (members) (shareholders) is: _____.

8. The name(s) and address(es) of each incorporator(s) is (are) *(all incorporators must sign below):*

Name(s)	Address(es)
_____	_____
_____	_____
_____	_____

9. The specified effective date, if any, is:

month day year hour, if any

10. Additional provisions of the articles, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this

_____ day of _____,

_____.

Signature

Signature

Signature

DSCB:15-5306/7102B



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 Domestic Nonprofit Corporation Only:* For general instructions relating to the incorporation of nonprofit corporations see 19 Pa. Code Ch. 41 (relating to nonprofit corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, authorized share structure, inclusion of names of first directors in the Articles of Incorporation, provisions on incorporation of unincorporated associations, etc.
- E. *For Nonprofit Cooperative Corporation Only:* For general instructions relating to the incorporation of cooperative corporations see 19 Pa. Code Ch. 51 (relating to cooperative corporations). Under 15 Pa.C.S. § 7103 (relating to use of term "cooperative" in corporate name) the corporate name in Paragraph 1 must, unless otherwise provided by statute, contain one of the terms "cooperative" or "coop". See 19 Pa. Code § 17.7 (relating to cooperative names). See also the general instructions relating to the incorporation of nonprofit corporations, 19 Pa. Code Ch. 41 (relating to nonprofit corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, authorized share structure, inclusion of names of first directors in the Articles of Incorporation, provisions on incorporation of unincorporated associations, etc.
- F. One or more corporations or natural persons of full age may incorporate a nonprofit/nonprofit cooperative corporation.
- G. *For Nonprofit Cooperative Corporation Only:* Under 15 Pa.C.S. § 7102(a) the Articles of the corporation must set forth a common bond of membership among its members or shareholders by reason of occupation, residence or otherwise.
- H. 15 Pa.C.S. § 5307 (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.
- I. *For Nonprofit Corporation Only:* If the corporation is to be organized upon a stock share basis, Paragraph 5 should be modified accordingly, stating aggregate number of shares authorized.

NONPROFIT CORPORATIONS ONLY

Pursuant to 15 Pa.C.S. § 5110, most nonprofit corporations are required to annually notify the Department of State's Corporation Bureau of any change of its officers. If no change of officers has occurred since the last report, the report need not be filed. These annual reports are submitted on form DSCB:15-5110 (Annual Statement-Nonprofit Corporation). No fee is required for this filing.

Please forward annual report to the Department of State, Corporation Bureau, P.O. Box 8722, Harrisburg, PA 17105-8722.

ADDITIONAL INFORMATION REGARDING NONPROFIT CORPORATIONS

Nonprofit corporations that solicit funds from citizens of the Commonwealth of Pennsylvania must register with the Department of State, Bureau on Charitable Organizations, Suite 300, 124 Pine Street, Harrisburg, PA 17101, (717) 783-1720 or 1-800-732-0999 with Pennsylvania.

Pennsylvania sales tax exempt status may be obtained from the Department of Revenue, Registration Division, Exemption Unit, Department 280901, Harrisburg, PA 17128-0901. Any other type of exempt status may be obtained or explained by contacting your local Federal Internal Revenue Service.

Please be advised that the date and signature of the Secretary of the Commonwealth indicate the filing in the Department of State. **NO CERTIFICATE OF INCORPORATION IS ISSUED** for nonprofit corporations.

DSCB: 15-5306/7102B

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**

Articles of Amendment (15 Pa.C.S.)

Entity Number	Election/Termination of Cooperative Corporation Status
	<input type="checkbox"/> Domestic Business Corporation-Election (§ 7104) <input type="checkbox"/> Domestic Nonprofit Corporation-Election (§ 7106) <input type="checkbox"/> Domestic Cooperative Corporation For Profit-Termination (§ 7105) <input type="checkbox"/> Domestic Nonprofit Cooperative Corporation-Termination (§ 7107)

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 _____ <hr style="width: 80%; margin: 0 auto;"/> Secretary of the Commonwealth
--

In compliance with the requirements of the applicable provisions (relating to election of an existing business/nonprofit corporation to become a cooperative corporation)/(relating to termination of status as a cooperative corporation for profit or termination of nonprofit cooperative corporation status), the undersigned business/nonprofit corporation or business/nonprofit cooperative corporation, hereby states that:

1. The name of the corporation is: <hr style="width: 95%; margin-top: 5px;"/>
--

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 <hr style="width: 95%; margin-top: 5px;"/> (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:

5. Check, and if appropriate complete, one of the following: <input type="checkbox"/> The amendment shall be effective upon filing these Articles of Amendment in the Department of State. <input type="checkbox"/> The amendment shall be effective on: _____ at _____. <div style="text-align: center; margin-left: 100px;">Date Hour</div>

DSCB:15-7104/7106-2

6. *Check one of the following:*

The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. §§ 1905, 1914 and § 7104(b)/7105(b) or §§ 5905, 5914 and § 7106(b)/7107(b).

The amendment was adopted by the board of directors and shareholders (or members) or members (or shareholders) pursuant to 15 Pa.C.S. §§ 1914 and 7104(b)/7105(b) or §§ 5914 and 7106(b)/7107(b).

Only Election of Cooperative Corporation Status: complete paragraphs 7, 8 and 9

7. The corporation elects to become a cooperative corporation.

8. *Complete and strike out the inapplicable term:* The common bond of membership among its (members) (shareholders) is: _____.

9. *For Domestic Business Corporation Only: Strike out if inapplicable:* The corporation is organized on a non-stock basis

10. *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.

11. *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

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 \$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).
 - (3) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the above stated address.
- E. 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 Election of Cooperative Corporation Status

- F. For general instructions relating to the incorporation of cooperative corporations see 19 Pa. Code Ch. 51 (relating to cooperative corporations). Under 15 Pa.C.S. § 7103 (relating to use of term "cooperative" in corporate name) the corporate name in Paragraph 10 must, unless otherwise provided by statute, contain one of the terms "cooperative" or "coop". See 19 Pa. Code § 17.7 (relating to cooperative names).

Instructions for Termination of Cooperative Corporation Status

- G. *For Domestic Cooperative Corporation for Profit Only:* The amendment set forth in Paragraph 10 shall eliminate any provisions permitted or required by 15 Pa.C.S. §§ 2102(a)(1) and 2103 if the corporation is organized as a non-stock corporation and is not to continue as such, shall eliminate the common bond of membership provisions required by 15 Pa.C.S. § 7102(a) and shall change the name of the corporation to comply with 15 Pa.C.S. § 7103 and other applicable provisions of law. See 19 Pa. Code § 17.7 (relating to cooperative names).
- H. *For Domestic Nonprofit Cooperative Corporation Only:* The amendment set forth in Paragraph 10 shall eliminate the common bond of membership provisions required by 15 Pa.C.S. § 7102(a) and shall change the name of the corporation to comply with 15 Pa.C.S. § 7103 and other applicable provisions of law. See 19 Pa. Code § 17.7 (relating to cooperative names).

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Procedure for Continuation of Business Domestic Limited
Partnership and Domestic Limited Liability Company**
(15 Pa.C.S.)
 Statement of Election (§ 8103A)
 Statement of Termination of Election (§ 8103B)

Entity Number

Name	Document will be returned to the name and address you enter to the left. ⇐		
Address			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> </table>		City	State
City	State	Zip Code	

Fee: \$52

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to continuation of certain limited partnerships and limited liability companies), the undersigned limited partnership or limited liability company, hereby states that:

1. The name of the partnership or company is:

2. The location of its principal place of business:

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

3. *Not applicable to limited liability companies:* The name of each general partner of the partnership as of the date of this statement is:

DSCB:15-8103A/8103B-2

4. *Statement Election:* The partnership or limited liability company elects to be governed by 15 Pa.C.S. § 8103 (relating to continuation of certain limited partnerships and limited liability companies).
Statement of Termination of Election: The election to be governed by 15 Pa.C.S. § 8103 (relating to continuation of certain limited partnerships and limited liability companies) is terminated.

5. ___ The election/termination has been authorized by at least a majority in interest of the partners or members.

IN TESTIMONY WHEREOF, the undersigned partnership or company has caused this Statement to be executed this _____ day of _____, _____.

Name of Partnership or Company

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. 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**

Entity Number

Statement of Registration
Domestic Registered Limited Liability Partnership
 (15 Pa.C.S. § 8201A)

Name				
Address				
City	State	Zip	Code	

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 15 Pa.C.S. § 8201 (relating to statement of registration), the undersigned desiring to register a domestic registered limited liability partnership, hereby certifies that:

1. The name of the domestic registered limited liability partnership (*designator is required, i.e., "company", "limited" or "limited liability partnership" or abbreviation*):

2. Complete one of the following:

___ The partnership is a general partnership and the address, including number and street, if any, of its principal place of business:

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

___ The partnership is a 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:

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

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

c/o: _____