

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

Part I. Complete for each filing:

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

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

Part II. Check proper box:

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

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

<input type="checkbox"/> Registered Office: Number & street/RD number & box number	City	State	Zip County

<input type="checkbox"/> Purpose:			

<input type="checkbox"/> Stock (aggregate number of share authorized):	_____	<input type="checkbox"/> Effective date:	_____.
<input type="checkbox"/> Term of Existence:	_____	<input type="checkbox"/> Other:	_____.

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

Section C - Consolidation

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

Name:

Entity #, if known:

Inc./qual. date in PA.

State of Inc.

Name:

Entity #, if known:

Inc./qual. date in PA.

State of Inc.

Section D – Division

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

Name:

Entity Number:

Name:

Entity Number:

Check one: Entity named in Part I survives. *(any changes, complete Section A)*

Entity named in Part I does not survive.

Section E – Conversion *(complete Section A)*

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

Section F – Dissolved by Shareholders or Incorporators Before Commencement of Business

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

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

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

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

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

Name:

Entity number:

Name:

Entity number: