

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.
_____	_____	_____

