

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Statement of Merger, Consolidation or Division  
Qualified Foreign Corporation**

(15 Pa.C.S.)

Foreign Business Corporation (§ 4127)

Foreign Nonprofit Corporation (§ 6127)

|         |       |          |
|---------|-------|----------|
| Name    |       |          |
| _____   |       |          |
| Address |       |          |
| _____   |       |          |
| City    | State | Zip Code |
| _____   | _____ | _____    |

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



Fee: \$150 plus \$40 for each additional party

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: |
| <input type="checkbox"/> Merger   |
| <input type="checkbox"/> Consolidation  |
| <input type="checkbox"/> Division   |

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 \_\_\_\_\_,

\_\_\_\_\_.

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Name of Surviving Corporation

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Signature

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Title