


**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City State Zip Code</p> <input type="checkbox"/> Return document by email to: _____	<p>Transfer of Foreign Registration DSCB:15-418 (rev. 2/2017)</p>  <p>418</p>
---	--

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 418 (relating to transfer of registration), the undersigned registered foreign association hereby states that:

1. The name of the association under which it is registered to do business in this Commonwealth and before the merger or conversion is:

2. The type of association before the merger or conversion is (check only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

3. The name of the association following the merger or conversion:

3A. *If the name in 3 does not contain a required designator or if the name in 3 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:*

4. The type of association after the merger or conversion (check only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

5. The jurisdiction of formation of the association after the merger or conversion is: _____

If different than the information for the registered foreign association before the merger or conversion, all of the following information for the association after the merger or conversion:

6A. The street and mailing address of the association’s principal office is:

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

6B. The street and mailing address of the office, if any, required to be maintained by the law of the association’s jurisdiction of formation in that jurisdiction is:

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

7. The (a) address of the association’s registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

*Complete part (a) **OR** (b) – not both:*

(a) _____

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

(b) c/o: _____

Name of Commercial Registered Office Provider	County
---	--------

8. Effective date of transfer of foreign registration is (check, and if appropriate complete, one of the following):

- The Transfer of Foreign Registration shall be effective upon filing in the Department of State.
 - The Transfer of Foreign Registration shall be effective on: _____ at _____.
- Date (MM/DD/YYYY) Hour (if any)

IN TESTIMONY WHEREOF, the undersigned registered foreign association has caused this Transfer of Foreign Registration to be signed by a duly authorized representative of the surviving or converted association this _____ day of _____, 20_____.

Name of Association

Signature

Title