

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Articles of Involuntary Dissolution-Domestic
(15 Pa.C.S.)

Business Corporation (§ 1989)
 Nonprofit Corporation (§ 5989)

Name		

Address		

City	State	Zip Code
_____	_____	_____

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



Fee: None

In compliance with the requirements of the applicable provisions (relating to articles of involuntary dissolution), the undersigned officer of the office of the clerk of the court of common pleas, desiring to evidence the dissolution of a corporation, hereby certifies 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 court, term and number or other identification of the proceeding in which a decree dissolving the corporation was entered is:

4. *Check one of the following:*

___ The costs and expenses of the foregoing proceeding and the liabilities of the corporation have been discharged and all the remaining assets of the corporation, if any, have been distributed as provided in 15 Pa.C.S. Subch. 19G or 59G (relating to involuntary liquidation and dissolution).

___ The assets of the corporation are not sufficient to discharge such costs, expenses and liabilities, and all the assets of the corporation have been applied, as far as they will go, to the payment of such costs, expenses and liabilities.

5. A certified copy of the decree of dissolution is set forth in full in Exhibit A attached hereto and made a part hereof.

IN TESTIMONY WHEREOF, the undersigned officer of the office of the clerk of the court of common pleas has executed these Involuntary Articles of Dissolution this

_____ day of _____,

_____.

Name of Court

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/corps**

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. No filing fee is payable to the Department of State with respect to this form.
- 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. Any governmental approvals shall accompany this form.
- D. No tax clearance certificates from the Department of Revenue or from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth are required to be submitted with this form.
- E. This form and all accompanying documents shall be mailed to the address stated above.