

<b>BUREAU USE ONLY:</b>	
<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"/> <b>Section A – Check box(es) which pertain to changes:</b>			
<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"/> <b>Section B – Merger</b> 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.
_____	_____	_____

