

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Statement of Correction
(15 Pa.C.S. § 138)

Name		

Address		

City	State	Zip Code
_____	_____	_____

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



Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 138 (relating to statement of correction) the undersigned association or other person, desiring to correct an inaccurate record of corporate or other action or correct defective or erroneous execution of a document, hereby states that:

1. The name of the association or other person is:

2. The (a) address of this association'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 statute by or under which it was incorporated or the preceding filing was made, in the case of a filing that does not constitute a part of the articles of incorporation of a corporation is:

4. The inaccuracy or defect, which appears in Department of State form _____ filed on _____ and recorded in Roll and Film Number _____ et seq., is:

5. *Check one of the following:*

- The portion of the document requiring correction in corrected form is set forth in Exhibit A attached hereto and made a part hereof.
- The original document to which this statement relates shall be deemed re-executed.
- The original document to which this statement relates shall be deemed stricken from the records of the Department.

IN TESTIMONY WHEREOF, the undersigned association or other person has caused this statement to be signed by a duly authorized officer thereof or otherwise in its name this

_____ day of _____, _____.

Name

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. The filing fee for this form is \$70 made payable to the Department of State.
- 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. The following, in addition to the filing fee, shall accompany this form: two copies of a completed form DSCB:15-134B (Docketing Statement-Changes), with respect to each form, if any, which accompanied the original filing.
- D. The statement in Paragraph 4 should identify the defective document by specifying (1) its DSCB form number, (2) the filing date, and (3) the initial roll and film number endorsed by the Department on the defective document, if available.
- E. The third alternate of Paragraph 5 cannot apply to a statement of correction filed with respect to original Articles of Incorporation, but this form may be used to correct original Articles of Incorporation. See 15 Pa.C.S. § 138(b)(2).
- F. This form and all accompanying documents shall be mailed to the address listed above.