

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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**Statement of Termination**  
(15 Pa.C.S.)

Business Corporation (§ 1902)  
 Nonprofit Corporation (§ 5902)

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 the applicable provisions (relating to statement of termination), the undersigned, desiring to terminate an amendment or plan that has not yet become effective, hereby states that:

1. *Check one of the following:* Set forth in full in Exhibit A, attached hereto and made a part hereof, is a copy of the filing to be hereby terminated.

<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> Articles of Merger
<input type="checkbox"/> Articles of Consolidation	<input type="checkbox"/> Articles of Division
<input type="checkbox"/> Articles of Conversion	<input type="checkbox"/> Statement with Respect to Shares ( <i>Business Only</i> )
<input type="checkbox"/> Articles of Exchange ( <i>Business Only</i> )	

2. *Check as appropriate:*

This statement has been executed by the corporation that filed the amendment.

This statement has been executed by each corporation that is a party to the plan to be terminated.

This statement has been executed by a corporation or corporations constituting less than all of the parties to the plan, as permitted by the plan to be terminated.

3. The amendment or plan has been terminated in accordance with the provisions thereof set forth therein.

IN TESTIMONY WHEREOF, the undersigned corporation(s) has (have) caused this Statement of Termination to be executed this

\_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

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Name of Corporation

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Signature

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Title

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Name of Corporation

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Signature

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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](http://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. 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 association affected by the terminated filing.
- C. This form and all accompanying documents shall be mailed to the above stated address.