PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number

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

Filed in the Department of State on _____

Secretary of the Commonwealth

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SAMPLE

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 pat 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.

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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