

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Application for Termination of Authority

Foreign Corporation

(15 Pa.C.S.)

- Business Corporation (§ 4129)
 Nonprofit Corporation (§ 6129)

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 of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned qualified foreign corporation, desiring to withdraw from doing business in this Commonwealth, hereby states 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 name of the jurisdiction under the laws of which the corporation is incorporated is:

4. The date the corporation received a Certificate of Authority to do business in this Commonwealth:

5. The corporation herewith surrenders its Certificate of Authority to do business in this Commonwealth.

6. Notice of its intention to withdraw from doing business in this Commonwealth was mailed by certified or registered mail to each municipal corporation in which the registered office or principal place of business of the corporation in this Commonwealth is located and official publication required by 15 Pa.C.S. § 4129(b) or 6129(b) has been effected.

7. Process in any action or proceeding upon any liability incurred before the filing hereof may be sent to the following:

Number and Street	City	State	Zip	County
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IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for Termination of Authority to be signed by a duly authorized officer thereof this

_____ day of _____,

_____.

Name of Corporation

Signature

Title