PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum DSCB:15-335AD (7/1/2015)



This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

For the merging association(s) t	nat are not surviving the merger (co	mimucu).			
1. The name of the merging assoc	iation is:				
2. The jurisdiction of formation of	f the merging association:				
Nonprofit Corporation	Limited Partnership Limited Liability (General) Par	Limited Partnership		Business Trust Professional Association Other	
4. Check and complete one of the	e following addresses.				
foreign association , the current Complete part (a) OR (b) – not				ip or registe	
(a) Number and street	City	State	Zip	County	
(b) c/o: Name of Commercial Registor					
Name of Commercial Registe	ered Office Provider			County	
	domestic association that is <i>not</i> a doess, including street and number, if any			limited	
				County	
Number and street If the merging association is a any, of its registered or similar of	ess, including street and number, if any	State State he address, inc d by the law o	Zip Eluding street a f its jurisdictio	County nd number, i	
Number and street If the merging association is a any, of its registered or similar or if it is not required to maintain	City nonregistered foreign association, the office, if any, required to be maintaine in a registered or similar office, its principal of the control of the	State State he address, inc d by the law oncipal office ac	Zip Eluding street a f its jurisdictio	County nd number, i	
Number and street If the merging association is a any, of its registered or similar or if it is not required to maintain Number and street TESTIMONY WHEREOF, the un	City nonregistered foreign association, the office, if any, required to be maintaine in a registered or similar office, its principal of the control of the	State he address, inc d by the law oncipal office ad State	Zip Eluding street a f its jurisdictio ddress: Zip	County nd number, in of formation	
Number and street If the merging association is a any, of its registered or similar or if it is not required to maintain Number and street TESTIMONY WHEREOF, the un	City nonregistered foreign association, the office, if any, required to be maintaine in a registered or similar office, its printing. City City dersigned association has caused this States.	State he address, inc d by the law o ncipal office ac State	Zip Eluding street a f its jurisdictio ddress: Zip Merger-Addend, 20	County nd number, i n of formation	
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