PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ **Return document by mail to:** Name Address City State Zip Code ☐ **Return document by email to:** _____	Unincorporated Nonprofit Association Agent for Service of Process Appointment/Amendment/Cancellation DSCB:15-9120 (rev. 7/2015) 9120

Fee: $70

Check one: ☐Statement appointing agent ☐Amendment of statement ☐Cancellation of statement

In compliance with the requirements of 15 Pa.C.S. § 9120 (relating to appointment of agent to receive service of process), the undersigned unincorporated nonprofit association and/or agent hereby states that:

Complete boxes 1-3 for appointment, amendment and cancellation filings

1. The name of the unincorporated nonprofit association is:

_____

2. The address, if any, in this Commonwealth of the above-named association is:

_____
Number and Street City State Zip County

3. The name and address in this Commonwealth of the person authorized to receive service of process for the above-named association is:

_____
Name

_____
Number and Street City State Zip County

For amendment of statement appointing agent only

4. The name and address in this Commonwealth of the person authorized to receive service of process for the above-named association is changed to:

Name

Number and Street | City | State | Zip | County

For cancellation of statement appointing agent only

5. ___The status of the agent [named in box 3] authorized to receive service of process for the above-named association has been cancelled by the association.

IN TESTIMONY WHEREOF, the undersigned have caused this Statement, Amendment or Cancellation of agent for service of process to be executed this

_____ day of _____, _____.

_____	_____
Name of Unincorporated Nonprofit Association	Name of Agent
_____	_____
Signature	Signature
_____	_____
Title	Title