

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: _____ Name _____ Address _____ City State Zip Code <input type="checkbox"/> Return document by email to: _____	Statement of Correction DSCB: 15-138 (rev. 1/3/2023)
--	--

Fee: \$70

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, defective or erroneous record, hereby states that:

1. The name of the association or other person is: _____
2. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*
 - (a) _____
Number and street City State Zip County
 - (b) c/o: _____
Name of Commercial Registered Office Provider County
3. The statute by or under which the association was formed (or the preceding filing was made, in the case of a filing that does not constitute a part of the public organic record of an association) is: _____
4. Check and complete at least one:
 - The inaccuracy or defect to be corrected is (include Department of State form name and date filed):

 - Attach the portion of the document requiring correction in corrected form as Exhibit A.
5. If the document was erroneously executed, check one of the following:
 - The original document to which this statement relates shall be deemed re-executed.
 - The original document to which this statement relates shall be deemed not effective ab initio.

IN TESTIMONY WHEREOF, the undersigned association or other person has caused this Statement of Correction to be signed by a duly authorized officer thereof or otherwise in its name this _____ day of _____, 20_____.

Name of Association

Signature

Title