



4. *Strike out if a limited partnership:*

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer thereof this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Corporation/Limited Partnership

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
Web site: [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Department of State.
- B. This form may not be used by a Foreign Limited Partnership which desires to amend its certificate of registration in order to reflect a change in address of registered office, change of name or other arrangements or facts that have changed. Foreign Limited Partnerships must use form DSCB:15-8585.
- C. If Paragraph 3(a) is completed, the actual street address or rural route box number must be used as the address. The Department is required to refuse to receive or file under Paragraph 3(a) a form that fails to set forth an address or sets forth only a post office box address. See 19 Pa. Code § 19.2 (relating to Change of Commercial Registered Office Provider).
- D. In the case of a corporation, if the change in registered office was authorized by a body other than the board of directors, Paragraph 4 should be modified accordingly.
- E. This form and all accompanying documents shall be mailed to the address stated above.