

5. The new registered office address in this Commonwealth of the above-named association represented is:

Number and street

City

State

Zip

County

For termination of status as provider of the registered office

6. ___ The status of the agent as provider of the registered office of the above-named association has been terminated.

7. The last known address above-named association represented is:

Number and street

City

State

Zip

County

IN TESTIMONY WHEREOF, the undersigned person has caused this Statement of Change of Registered Office by Agent to be signed this

_____ day of _____, _____.

Name

Signature

Title

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Web site: www.dos.pa.gov/corps

Instructions for Completion of Form:

- A. Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is \$5 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. This form is to be signed on behalf of the agent named in Paragraph 2, not by an officer of the association named in Paragraph 1. The term “name of the person in care of the office” in Paragraph 4 refers to the proper name of the corporation service company/agent/registered office provider.
- D. A separate form DSCB:15-108 shall be filed for each association represented by the agent named in Paragraph 4.
- E. The agent is required by 15 Pa.C.S. § 108(b) (relating to action by and notice to association) to furnish to the association a copy of this form as filed in the Department.
- F. Under 15 Pa.C.S. § 108(a) (relating to general rule), if the status of an agent as a provider of a registered office is terminated by this filing, the location of the registered office of the association represented is not affected, but the person formerly in care of the office (e.g. corporation service company/agent/registered office provider) shall thereafter not have any responsibility with respect to matters tendered to the office in the name of the association represented. **The association should immediately file in the Department an appropriate form designating a superseding registered office address.** Until this occurs, the old address is continued in effect for purposes of venue and official publication.
- G. This form and all accompanying documents shall be mailed to the address stated above.