

STATE OF ALABAMA

FOREIGN ENTITY AMENDMENT TO REGISTRATION:
CERTIFICATE/STATEMENT OF MERGER

PURPOSE: In order to change the registration of a foreign entity (any entity formed outside of Alabama) to reflect a merger with another foreign entity, the entity must deliver to the Secretary of State for filing this form pursuant to Sections 10A-1-7 and 10A-1-8, *Code of Alabama 1975*.

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to: *Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*You may email the filing to foreign.entities@sos.alabama.gov

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed or the request will be rejected without review.

1. **INSTRUCTIONS TO OBTAIN ENTITY ID NUMBER:** Go to our website at www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

2. Information on the **merging entity** (this is the entity which will cease to exist):

Is the entity currently registered to do business in Alabama: _____ Yes _____ No

If yes, the Entity ID number issued by Alabama: _____ - _____ - _____ (Format 000-000/222)

Merging entity's state/country of formation: _____ Date: _____ / _____ / _____

The name of the entity as registered in Alabama (if not registered the legal name in the jurisdiction of formation):

Mailing address of the principal office of the merging entity: _____

___ **Additional merging entities attached** – must provide same information as above.

This form was prepared by: (type name and full address)

(For SOS Use Only)

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3. Information on the **surviving entity** (this is the entity which will continue to exist):

Is the entity currently registered to do business in Alabama: _____ Yes _____ No

If yes, the Entity ID number issued by Alabama: _____ - _____ - _____ (Format 000-000-000)

The name of the entity as registered in Alabama (if not registered the legal name in the jurisdiction of formation):

Mailing address of the principal office of the surviving entity: _____

4. Surviving entity's jurisdiction of formation: _____

5. Date of the surviving entity's formation in state/country of jurisdiction: _____ / _____ / _____
(MM/DD/YYYY)

6. List any amendments (within the merger) to the Surviving Entity's formation documents (if there are none you may simply type "N/A" or "None"): _____

Add additional pages if necessary.

7. The undersigned certifies that the surviving foreign entity exists as a valid entity of the type stated in the registered name under the laws of the entity's jurisdiction of formation.

8. _____ The undersigned certifies that the Merger was approved as required by the governing statute of the foreign entity's state/country of formation.

9. Merger was filed/effective in the foreign entity's jurisdiction of formation on _____ / _____ / _____ (MM/DD/YYYY) and time _____ : _____ AM _____ PM (Date must be a date prior to the file/effective date in **Alabama**.) Date stated within merger document. Demonstrates compliance with Section 10A-1-8.02(g).

Date (MM/DD/YYYY)

Typed name and title of signature below

Signature of person authorized to sign per 10A-1-4.01

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or return email address, you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____ - _____ - _____
(ex: 000-000-000)

Service Requested: \$100.00 Foreign Merger filing fee

Return via email: _____

Hold at Front Desk for pick-up by: _____

There is no notification service/call for pick-up.

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO Box

City State Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder