UMC-3 3/96

Department of the Treasury
Division of Revenue
Certificate of Merger/Consolidation
(Non-Profit Corporations)

This form may be used to record the merger or consolidation of a corporation with or into another business entity or entities, pursuant to NJSA 15A. Applicants must insure strict compliance with the requirements of State law and insure that all filing requirements are met. This form is intended to simplify filing with the Treasurer. Applicants are advised to seek out private legal advice before submitting filings to the Treasurer's office.

1. Type of Filing (check one): __ Merger __ Consolidation

2. Name Of Surviving Corporation:
3. Name(s)/Jurisdiction(s) Of Each Participating Corporation:

Name	Jurisdiction	Identification # Assigned By Treasurer (If Applicable)

4. Voting: (all corporations involved; attach additional sheets if necessary)
Corp. Name (check one) ___ Has ___ Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class:

Members Voting For _____ Members Voting Against _____ Total number of Trustees at the meeting _____ ;OR Plan of merger/consolidation was adopted by the unanimous written consent of the members without a meeting (check) ____

If there are no voting members:

Trustees Voting For _____Trustees Voting Against _____ Total number of Trustees at the meeting _____ ;OR Plan of merger/consolidation was adopted by the unanimous written consent of the Trustees without a meeting (check) ____

Corp. Name (check one) ___ Has ___ Does not Have Members Eligible to Vote.

If the corporation has any class of members entitled to vote as a class, specify the class and the number of votes for each class:

Members Voting For _____ Members Voting Against _____ Total number of Trustees at the meeting _____ ;OR Plan of merger/consolidation was adopted by the unanimous written consent of the members without a meeting (check) ____

If there are no voting members:

Trustees Voting For _____Trustees Voting Against _____ Total number of Trustees at the meeting _____ ;OR Plan of merger/consolidation was adopted by the unanimous written consent of the Trustees without a meeting (check) ____

5. Service of Process Address (For use if the surviving business entity is not authorized or registered by the Secretary of State): The Secretary of State is hereby appointed as agent to accept service of process and to forward same to the address above.

6. Effective Date: (if other than filing date; not to exceed 30 days from filing date)

Signature:

Name Title Date

**Remember to attach the plan of merger or consolidation.