

NYS FILING CORPORATE MERGER

DATE: _____

1. Name of Merging/Constituent Corporations:

Corp 1: _____

Corp 2: _____

2. Name of Surviving Corporation: _____

3. Number and Designation of Outstanding Shares for Each Corporation:

4. Date of Incorporation for Each Merging/Constituent Corporation:

5. Principal Business Address in NY: _____

_____ County: _____

6. Service of Process Address for Surviving Corporation:

7. Officer Names and Titles for Each Merging/Constituent Corporation:
(attach additional sheet(s) if necessary)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

8. (Optional) Name and Address of Registered Agent: _____

_____ Use RCSG (annual fee applies): _____

Contact Name: _____ Email: _____

Business Name: _____

Phone Number: _____ Fax Number: _____

Billing Address: _____

Address for Delivery of Legal Documents:

COST OF SERVICE

Preparation and Submission: \$ 105.00

NYS Filing Fees: \$ 60.00

Administrative Fees: \$ 10.00

New Corporate Kit: (optional) \$ 150.00



TOTAL: \$ 225.00

CREDIT CARD PAYMENT

Card No: _____ Exp: _____ Code: _____

Amount: \$ _____ Cardholder Name: _____

Cardholder Signature: X _____

Please note: The fee above is an estimate only. It is possible to incur additional disbursements to complete this order. If there are additional fees, they will be applied to this credit card.

