

SERVICO, INC.  
P.O. BOX 871  
ALBANY, NY 12201  
PHONE: 518-463-4179  
FAX#: 518-463-3752

NOT-FOR-PROFIT AMENDMENT WORKSHEET:

1. CURRENT NAME OF CORPORATION:

\_\_\_\_\_  
(IF CORPORATION HAD AN ORIGINAL NAME: \_\_\_\_\_)

2. DATE OF INCORPORATION: \_\_\_\_\_

3. AMENDMENT TO BE MADE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. NAME AND TITLE OF PERSON AUTHORIZING AMENDMENT:  
(IE: PRESIDENT, SECRETARY)

\_\_\_\_\_

5. ADDRESS FOR SERVICE OF PROCESS: \_\_\_\_\_

\_\_\_\_\_

6. NOT FOR PROFIT CORPORATION TYPE: A B or C (Pls. Circle one)  
**IMPORTANT: PLEASE INDICATE CONSENTS obtained in order to incorporate originally:**

FEES:

Service fee to, prepare & File certificate	95.00
NYS Dept of State filing fee	55.00
A.H. Fee:	5.00

**TOTAL:** 155.00

\*\*IF Consent(s) were req. for incorporation, the same consent(s) will be necessary for amendment filing.

Additional fees apply (\$75.00 service fee per consent, plus any applicable disb. to the agency)

\*\*\*\*\*

Your Name: \_\_\_\_\_

Your Firm: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Your Fax #: \_\_\_\_\_

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_

IN THE AMOUNT OF \*\* \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Complete Billing Address on Credit Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

\*\* Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.