



## NOTICE OF MERGER OR CONVERSION

State Form 56372 (R4 / 6-19)

**SECRETARY OF STATE  
BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576  
[www.sos.in.gov](http://www.sos.in.gov)

**INSTRUCTIONS:** 1. Use 8½" x 11" white paper for attachments.

2. Please **TYPE** or **PRINT** in **INK**.

3. Please visit our office on the web at [www.sos.IN.gov](http://www.sos.IN.gov)

4. Make check or money order payable to the Secretary of State.

5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

**REQUIREMENTS:** Applicants must submit a certificate of existence or certificate of conversion issued by the proper authority.

**NOTE:** This form may be used by a registered foreign entity that has merged into a non registered foreign entity or converts to a foreign entity required to register with the Secretary of State to do business in Indiana.

**NOTE:** Following the completion of the merger, all assumed names of the non-surviving entity will be cancelled and available for use. If the surviving entity wishes to operate under any of the assumed names owned by the non-surviving entity, the surviving entity must file a Certificate of Assumed Business Name (State Form 30353) for each assumed name along with the Notice of Merger. Failure to do so may result in the assumed name being unavailable for use, as assumed names must now be distinguishable upon the record of the Secretary of State.

**INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.**

Name of business

E-mail address of business (SOS use only)

### RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number (     )	E-mail address (If different from above – SOS use only)	





# NOTICE OF MERGER OR CONVERSION

State Form 56372 (R4 / 6-19)

Indiana Code 23-0.5-5-10  
23-0.5-9-53

FILING FEE: \$30.00

The undersigned, desiring to notify the Secretary of State that a foreign entity has merged with a nonregistered foreign entity or converted to a foreign entity required to register with the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-5-10, executes the following Notice of Merger or Conversion.

## ARTICLE I – PURPOSE

By filing this Notice of Conversion or Merger, the entity is notifying the Indiana Secretary of State's office of a *(select one)*:

☐ Merger

☐ Conversion

## ARTICLE II – MERGER *(Complete this section if you selected "Merger" in Article I.)*

The name of the surviving foreign entity

If the name of the surviving entity does not comply with Indiana Code 23-0.5-3-1, the alternate name of the entity adopted under Indiana Code 23-0.5-5-6(a)

The entity type of the surviving entity

The jurisdiction of formation of the surviving entity

*Please list any Non-Surviving Foreign Entities (if any) in this merger.*

*Please only name non-surviving entities that are registered with the Indiana Secretary of State's office.*

Name of non-surviving entity

Type of entity

Jurisdiction of formation

Date of registration in Indiana *(month, day, year)*

Name of non-surviving entity

Type of entity

Jurisdiction of formation

Date of registration in Indiana *(month, day, year)*

## ARTICLE III – CONVERSION *(Complete this section if you selected "Conversion" in Article I.)*

The name of the registered foreign entity before the conversion

The entity type before the conversion

The name of the foreign entity after the conversion

If the name of the converted entity does not comply with Indiana Code 23-0.5-3-1, the alternate name of the entity adopted under Indiana Code 23-0.5-5-6(a)

The entity type of the converted entity

*For LLC only:*

The LLC will be managed by its manager or managers. ☐ Yes ☐ No

The jurisdiction of formation of the converted entity

**ARTICLE IV – ENTITY INFORMATION**

*To be completed by the entity if different than the information for the foreign entity before the merger or conversion.*

The street address of the principal office of the entity:

Number and street	City	State	ZIP code
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**ARTICLE V – REGISTERED AGENT INFORMATION (Required under Indiana Code 23-0.5-4-3(b))**

*To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to [INBIZ.in.gov](http://INBIZ.in.gov).*

*Provide either commercial registered agent or noncommercial registered agent information below.*

<input type="checkbox"/> Commercial registered agent	Name of registered agent (Do not provide address.)
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**OR**

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
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Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)	City	State <b>IN</b>	ZIP code
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**(OPTIONAL)** E-mail address of the registered agent at which the registered agent will accept electronic service of process

☐ By checking the box, the Signator(s) represent(s) that the Registered Agent named in the Notice of Merger or Conversion has consented to the appointment of Registered Agent.

In Witness Whereof, the undersigned duly authorized representative of the surviving or converted entity executes this Notice of Merger or Conversion and verifies, subject to penalties of perjury, that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature

Printed name

Title