# New Jersey Division of Revenue

# **Certificate of Correction**

(For use by Domestic, Foreign, Profit and Nonprofit Corporations)

Check Appropriate Sta	atute:		
Title 14A:1-6	New Jersey Bus	iness Corporation Act	(File in DUPLICATE)
Title 15A:1-7	(e) New Jersey Nor	profit Corporation Act	(File in TRIPLICATE)
CERTIFICATE OF CORR	RECTION OF:		
Corporation Name:			
Corporation Number:			
			ted on behalf of the above named above, of the New Jersey Statutes.
1. The Certificate to be con	rected is:		
	Ε	ate Filed:	
2. The inaccuracy in the Co	ertificate is (indicate ina	ccuracy or defect):	Article #
3. The Certificate hereby re	eads as follows:		
Signature:			Date:
Name:			
Title:			
(Must be Chairperson of the Board, President or Vice President)			

## Instructions for Form C-152

# CERTIFICATE OF CORRECTION - PROFIT AND NON-PROFIT (Titles 14A AND 15A)

STATUTORY FEE: **\$10** for-profits; **\$50** for non-profits The MANDATORY fields are:

## **Statutory Authority**

Check the appropriate statutory authority – Title 14A:1-6(5) for profit corporations; Title 15A:1-7(e) for non-profits

#### **Business Name**

List the name as it appears on the records of the State Treasurer.

#### Number

List the ten-digit business ID as it appears on the records of the State Treasurer.

# Field # 1 -- Document (Certificate) To Be Corrected

Note the document to be corrected -- e.g., Certificate of Incorporation, Merger, etc. and the date that it was filed with the State of New Jersey.

# Field # 2 -- Defect Or Inaccuracy

List the article involved and describe the inaccuracy or defect.

## Field #3 -- Correction

Enter the language that corrects the defect or inaccuracy.

# **EXECUTION (DATE/SIGNATURE)**

The chairman, president or vice-president must sign. Also, list the date of execution (signature).

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These documents should be filed in duplicate. Non-profits should file in triplicate. Make checks payable to: TREASURER, STATE OF NEW JERSEY. (No cash, please)

Mail to: NJ Division of Revenue, PO Box 308, Trenton, N J 08646