

Microfilm Number _____

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Secretary of the Commonwealth

APPLICATION FOR RENEWAL OF REGISTRATION OF MARK

DSCB:54-1114 (Rev 1998)

In compliance with the requirements of 54 Pa.C.S. § 1114 (relating to duration and renewal), the undersigned (or the assignor of the undersigned), having heretofore duly registered a trade mark or service mark in this Commonwealth and desiring to renew such registration, hereby states that:

1. The **name** of the applicant is (see instruction A):

2. The **residence, location or place of business** of the applicant is:

Number and Street	City	State	Zip	County
_____	_____	_____	_____	_____

3. The **name and description of the mark** is (a specimen of the mark the registration of which is to be renewed showing actual use of the mark on or in conjunction with the goods or services accompanies this application as Exhibit A and is incorporated herein by reference):

4. The general **class** in which the existing registration applies is: _____

5. (a) The **date** when the mark was first registered is: _____

(b) The **date** of last renewal of the registration is: _____

6. (**Strike out if inapplicable**): The present applicant is entitled to make the present application by virtue of an assignment to the applicant recorded with the Department of State on _____ showing an assignment from:
(Date)

(Name of Assignor)

7. The **date**, if any, an application to register the mark, or portions or a composite thereof, was filed by the applicant or a predecessor in interest in the United States Patent and Trademark Office. Also provide filing date and serial number of each application, the status thereof and, if any application was finally refused registration, or has otherwise not resulted in a registration, the reasons, therefore. (Please attach 8½ x 11 sheet(s) if more space is needed.)

8. The mark to be renewed is still in use in this Commonwealth.

IN TESTIMONY WHEREOF, the undersigned person has caused this Application for Renewal of Registration of Mark to be executed this _____ day of _____, _____.

(Name of Applicant)

BY: _____
(Signature)

TITLE: _____



**Department of State
Corporation Bureau
P. O. Box 8722
Harrisburg, PA 17105-8722
www.dos.state.pa.us/corp.htm**

Instructions for Completion of Form:

- A. If a corporation, set forth the name in Paragraph 1 and also give jurisdiction of incorporation. If a partnership, set forth the name in Paragraph 1 and also give the jurisdiction in which the partnership is organized and the names of the general partners.
- B. One original of this form is required. The form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$25 made payable to the Department of State. PLEASE NOTE: A separate check is required for each form submitted.
- C. The name of a commercial registered office provider may not be used in Paragraph 2 in lieu of an address.
- D. If the chain of title to the registration includes more than one assignment, Paragraph 6 should be modified accordingly. Only assignments during the immediately preceding term shall be set forth.
- E. This renewal is effective for a term of five years from the expiration date. Application to renew for a similar term must be made on this form within six months prior to the expiration date.
- F. This form and all accompanying documents shall be mailed to:

**Department of State
Corporation Bureau
P. O. Box 8722
Harrisburg, PA 17105-8722**

- G. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.