Mail to: PO Box 308 Trenton, NJ 0864 6

# STATE OF NEW JERSEY DIVISION OF REVENUE

Overnight to:

33 West State St. 5th Floor Trenton, NJ 08608-1001

### RENEWAL OF REGISTRATION OF ALTERNATE NAME

C-	15	0R
(6	/ 03 )	

Fill out all applicable information below and sign in the space provided. Please note that once filed, the information contained in the filed form is considered <u>public</u>. **Refer to the instructions for filing fees and field-by-field requirements.** Remember to remit the appropriate fee amount. Use attachments if more space is required for any field.

	Check Appropriate Statute:		
	Title 14A:2-2.1 (3) New Jersey Bus	siness Corporation Act Title 42:2B Limited Liability Company	
	Title 15A:2-2-3 (c) New Jersey Nor	nprofit Corporation Act Title 42:2A Limited Partnership	
		checked above, the undersigned corporation/business entity hereby applies for a renewa for a period of five (5) years, and for that purpose submits the following application:	
1.	Name of Corporation/Business:		
2.	NJ 10-digit ID number:		
3.	State of Original Incorporation/Formation:		
A Data of Incompanting /Formation			
	Date of Authorization (Foreign):		
5.	Alternate Name to be used:		
5.	State the purpose or activity to be conducted using the Alternate Name:		
7.	The Business intends to continue to use the Alternate Name in this State and has not used this name in violation of State law.		
3.	Date name first used in NJ (if other than the effective date):		
9.	Efffective date of the current registration of	f the alternate name:	
	Name:	Signature:	
	Title:		
	The signature above must be:		
	For Corporations For Limited Partnerships For All Other Business Types	Chairman of the Board., President, Vice-President General Partner Authorized Representative	

## - Instructions - Form C-150R Renewal of Registration of Alternate Name

Important: The completion of all items is mandatory in order to process your application.

**First**, check off the Statutory Authority that applies to your business.

- **Item 1** Enter the name of the corporation/business exactly as it appears on the records of the Treasurer of the State New Jersey.
- Item 2 Enter the 10-digit Corporation/Business ID number as issued by the State of New Jersey.
- Item 3 Enter the name of the State in which the business was incorporated/formed.
- **Item 4** Enter the date of incorporation/formation (domestic businesses) or the date of authorization (foreign businesses).
- **Item 5** Enter the alternate name that you wish to register again.
- <u>Warning</u>: Do Not Use a name that is prohibited by other New Jersey State Laws for example, those governing banking, insurance, and real estate, or involving the Professional Services Act in Title 14A. While checking on usage limitations is not a mandatory review element for the Corporate Filing Section, the Section will reject or void filings upon advice and guidance of regulatory and licensing authorities. The filer is responsible for researching regulatory and licensing issues.
- **Item 6** State the purpose of the business or the primary type of activity performed by the business, using the alternate name given above.
- Item 7 No entry is required.
- **Item 8** If the alternate name was used in New Jersey before the effective date, enter the month and year such use commenced.
- **Item 9** Indicate the date the current registration of the alternate name given above was filed with the New Jersey State Treasurer.

### **ATTESTATIONS**:

Form C-150R provides the following statements: 1) the corporation intends to use the alternate name in New Jersey and 2) that the corporation has not used the name in violation of the law, or if it has, the month/year in which it commenced such use.

#### **EXECUTION:**

You must have the correct business representative sign and date form C-150R before submitting. Refer to the specific requirements on the form for each type of business.

### FEE:

## You must attach the mandatory fee to the completed C-150R application.

Profit Corporations - \$25.00

Non-Profits, LLCs and LPs - \$50.00

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, NJ 08646

FAX File: 609.984.6851 (Fax Filing is an optional expedited service subject to processing fees that are in addition to those stated above. For FAX Filing information, visit <a href="http://www.state.nj.us/treasury/revenue/dcr/programs/ffs.html">http://www.state.nj.us/treasury/revenue/dcr/programs/ffs.html</a>.)