

Mail to: PO Box 388
Trenton, NJ 08646

STATE OF NEW JERSEY
DIVISION OF REVENUE

Overnight to: 33 West State St.
5th Floor
Trenton, NJ 08608-1214

FEES REQUIRED

REGISTRATION OF ALTERNATE NAME

C-150G

Complete the following applicable information, and sign in the space provided. Please note that **once** filed, the information contained in the filed form is considered **public**. Refer to the instructions on page 26 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 (2) New Jersey Business Corporation Act
- Title 42:2C-4 Limited Liability Company
- Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act
- Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

1. Name of Corporation/Business:	<u>Worldwide Neighbors, Inc.</u>	ANA	FILED
2. NJ 10-digit ID number:	<u>0101001034</u>		JUN 19 2017
3. Set forth state of Original Incorporation/Formation:	<u>NJ</u>		STATE TREASURER
4. Date of Incorporation/Formation:	<u>May 5, 2009</u>		
Date of Authorization (Foreign):		<u>0101001034</u>	
5. Alternate Name to be used:	<u>Stonecrest Community Development Corporation, Inc.</u>		
6. State the purpose or activity to be conducted using the Alternate Name:	<u>Charitable</u>		
7. The Business intends to use the Alternate Name in this State.			
8. The Business has not previously used the Alternate Name in this State in violation of this Statute, or, if it has, the month and year in which it commenced such use is:			

Signature requirements:

For Corporations
For Limited Partnerships
For all Other Business Types

Chairman of the Board., President, Vice-President
General Partner
Authorized Representative

SIGNATURE:

Scott A. Blow
NAME (please type):

President
TITLE:

5/31/17
DATE:

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

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JS 114060