

SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

APPLICATION FOR CERTIFICATE OF WITHDRAWAL FOREIGN CORPORATION

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIR	RMATION WILL BE SENT TO THIS ADDRESS):	FOR OFFICIAL USE ONLY:
NIA NATE:		
NAME:		
ADDRESS:		
0.T.		
CITY:		
STATE:	ZIP:	
1. NAME OF CORPOR	ATION IN ITS STATE/COUNTRY OF FORMAT	ION:
2. IF DIFFERENT FROM CONNECTICUT:	M THE ABOVE, THE NAME UNDER WHICH C	ORPORATION TRANSACTS BUSINESS IN
3311123113311		
3. STATE OR COUNT	RY OF INCORPORATION:	
	TRANSACTING BUSINESS/CONDUCTING AFFAIRS IN CO SINESS/CONDUCT AFFAIRS THEREIN.	DNNECTICUT AND SURRENDERS ITS AUTHORITY
THE CORPORATION REVOKE	ES THE AUTHORITY OF ITS REGISTERED AGENT TO AC	CCEPT SERVICE OF PROCESS ON ITS BEHALF.
SERVICE OF PROCESS THEF	TS THE SECRETARY OF THE STATE AS ITS AGENT FOR REON IN ANY ACTION, SUIT OR PROCEEDING BASED O O TRANSACT BUSINESS/CONDUCT AFFAIRS IN THIS S	N A CAUSE OF ACTION ARISING DURING THE
	WHICH THE SECRETARY OF THE STATE MATHEM THE ABOVE STATED APPOINTMENT:	Y MAIL ANY PROCESS SERVED UPON HIM
ADDRESS:		
CITY:		
STATE:	ZIP:	
THE CORPORATION AGREE. ADDRESS.	S TO NOTIFY THE SECRETARY OF THE STATE IN THE F	FUTURE OF ANY CHANGES TO THE ABOVE STATED

FORM CFWN-1-1.0 Rev. 7/2015

ATED THIS	DAY OF	, 20
AME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

PAGE 2 OF 2 FORM CFWN-1-1.0 Rev. 7/2015

WITHDRAWAL OF FOREIGN CORPORATION (Stock or Nonstock Corporation)

COMPLETING THE APPLICATION FOR CERTIFICATE OF WITHDRAWAL

A foreign corporation authorized to transact business in Connecticut may withdraw its Certificate of Authority by filing an Application for Certificate of Withdrawal. The withdrawing corporation must appoint the Secretary of the State as its agent for service of process for matters relating to its activities in this state prior to withdrawal. It must further commit to notify the Secretary of the State of any changes to the address to which it would have copies of legal process sent following withdrawal.

Instructions Correspond With Numbered Entries On The Form

- 1. NAME OF CORPORATION IN STATE OR COUNTRY OF FORMATION: Please provide the complete name of the corporation.
- 2. IF DIFFERENT FROM THE ABOVE, THE NAME UNDER WHICH THE CORPORATIONTRANSACTS BUSINESS IN CONNECTICUT: Please provide the complete name which the corporation transacts business in this state if it is different from the name under which it is incorporated.
- 3. STATE OR COUNTRY OF INCORPORATION: Please provide the corporation's state or country of incorporation.
- 4. THE MAILING ADDRESS TO WHICH THE SECRETARY OF THE STATE MAY MAIL ANY PROCESS SERVED UPON HIM IN ACCORDANCE WITH THE ABOVE STATED APPOINTMENT: Please provide a complete address.

 Note: It is the corporation's responsibility to file notices of any changes to this address following withdrawal.
- 5. EXECUTION: The document must be executed by an authorized official of the corporation. That person must print or type their name, state the capacity under which they sign and provide a signature.

The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

OFFICE OF THE SECRETARY OF THE STATE

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