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: <u>www.concord-sots.ct.gov</u>

APPLICATION FOR REGISTRATION OF CORPORATE NAME FOREIGN CORPORATION

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

FILING PARTY (CONFIRMATION WILL B	E SENT TO THIS ADDRESS):	FILING FEE: \$60
		MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
STATE.	ZIF.	
THE UNDERSIGNED HEREBY APPLIES FOR REGISTRATION OF THE FOLLOWING CORPORATE NAME.		
1. CORPORATE NAME:		
2. STATE OR COUNTRY OF INCORPORATION:		
3. DATE OF INCORPORATION:		
4. THE NATURE OF BUSINESS IN WHICH THE CORPORATION IS ENGAGED:		
5. ADDRESS OF THE CORPORATION	JN:	
ADDRESS:		
CITY:		
STATE: ZIP:		
6. EXECUTION:		
DATED THIS	DAY OF	, 20
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

THE APPLICATION MUST BE ACCOMPANIED BY A CERTIFICATE OF EXISTENCE, PLEASE SEE INSTRUCTION SHEET FOR DETAILS.

INSTRUCTIONS

1. Please return completed registration form to the Office of the Secretary of the State at the below referenced address.

2. The application must be accompanied by a Certificate of Existence issued by the official keeper of corporate records in the state or country of the corporation's formation. This Certificate may not be more than 90 days old at the time of filing.

3. A registration of corporate name expires at the end of the calendar year in which an application is filed.

4. Please type or print all information other than the signature.

OFFICE OF THE SECRETARY OF THE STATE

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