## 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>

## APPOINTMENT OF ATTORNEY FOR SERVICE OF PROCESS REAL ESTATE

C.G.S. §§ 20-329c

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

FILING PARTY (CONFIRMATION WILL BE		FILING FEE: \$50
FILING FARTT (CONFIRMATION WILL BE	SENT TO THIS ADDRESS).	MAKE CHECKS PAYABLE TO "SECRETARY
		OF THE STATE"
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
1. NAME OF PERSON OR BROKER:		
2. STATE OF RESIDENCE OR FORM	ATION OF THE PERSON OR BROKER	
3. BUSINESS ADDRESS OF THE PE	RSON OR BROKER (P.O. BOX NOT ACCEP	TABLE):
ADDRESS:		
CITY:		
STATE: ZIP:		
THE ADOVE NAMED REDOON OF DOOLED	DOED HEDERY ADDOINT THE OFORETADY	OF THE OTATE OF COMMENTIONE AND HIS
SUCCESSORS IN OFFICE TO BE ITS ATTORN	DOES HEREBY APPOINT THE SECRETARY IEY UPON WHOM ALL PROCESS IN ANY ACTIO	N OR PROCEEDING AGAINST SUCH PERSON
	NAMED PERSON OR BROKER FURTHER AGRE OF THE STATE SHALL BE OF THE SAME LEGA	
	E APPOINTMENT MADE HEREBY SHALL CONT	
4. EXECUTION:		
	DAY OF	
	DAY OF	, 20
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
5. AUTHENTICATION:	DATE	
STATE OF	DATE	
COUNTY OF		
PERSONALLY APPEARED		
AND ACKNOWLEDGED THE SAME TO BE HIS/HER FREE ACT AND DEED BEFORE ME.		
		FORM ACM-1-1.0