

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

INTERIM NOTICE OF CHANGE OF OFFICER/DIRECTOR

DOMESTIC AND FOREIGN CORPORATIONS

USE INK. COMPLETE ALL SECTION	IS. PRINT	T OR TYPE. ATTACH 8	81/2 X 11 SHEETS IF NEC	ESSARY.		
FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):				FILING FEE: \$20		
				MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"		
NAME:				Or THE	,,,,,,,,	
ADDRESS:						
CITY:						
STATE:		ZIP:				
1. NAME OF CORPORATION:						
2. NEW OFFICER/DIRECTOR IN	FORM	ATION:				
NAME	TITLE		RESIDENCE ADDRESS		BUSINESS ADDRESS	
	СНЕ	CK IF DIRECTOR				
	CHE	CK IF DIRECTOR				
	СНЕ	CK IF DIRECTOR				
3. DIRECTORS/OFFICERS WHO			LD OFFICE:			
NAME TITLE				NAME TITLE		
MANIL			NAME		111122	
	CHECK IF DIRECTOR				CHECK IF DIRECTOR	
	CHEC				CHECK IF DIRECTOR	
4. EXECUTION:						
DATED THIS		DAY		, 20 _		
NAME OF SIGNATORY (PRINT/TYPE)		CAPACITY/TITLE OF SIGNATORY			SIGNATURE	

FORM CINC-1-1.0 Rev. 7/2010

INSTRUCTIONS FOR COMPLETION OF THE INTERIM NOTICE OF CHANGE OF OFFICER/DIRECTOR FORM Domestic and Foreign Corporations

Instructions correspond with numbered entries on the form

- 1. NAME OF CORPORATION: Please provide the complete name of the corporation as it currently appears on the records of the Secretary of the State. If the notice is being filled by a foreign corporation, such corporation should provide the name under which it is currently authorized to transact business in Connecticut.
- 2. NEW OFFICER/DIRECTOR INFORMATION: Please print or type the full name of the corporation's officers and directors, their titles, including a check following the statement "Check if Director" if applicable, and their residence and business addresses. Complete street addresses including a street number, street name, city, state, postal code and country if other than the United States are required. Note: P.O. boxes are only acceptable as additional information.
- 3. DIRECTORS/OFFICERS WHO HAVE CEASED TO HOLD OFFICE: Please print or type the full name of directors/officers who have ceased holding director or officer positions within the corporation and their titles, including a check following the statement "Check if Director" if applicable.
- 4. 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. 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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