



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

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APPOINTMENT OF STATUTORY AGENT FOR SERVICE UNINCORPORATED ASSOCIATION

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<p>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>FILING FEE: \$90</p> <p>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p>		
<p>1. NAME OF UNINCORPORATED ASSOCIATION:</p>			
<p>2. ADDRESS OF PRINCIPAL OFFICE IN CONNECTICUT:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>			
<p><i>THE ABOVE ASSOCIATION APPOINTS AS ITS STATUTORY AGENT FOR SERVICE ONE OF THE FOLLOWING:</i></p>			
<p>(A). NAME OF NATURAL PERSON WHO IS RESIDENT OF CONNECTICUT:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;"> <p>BUSINESS ADDRESS:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p> </td> <td style="width: 50%; padding: 5px;"> <p>RESIDENCE ADDRESS:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p> </td> </tr> </table>		<p>BUSINESS ADDRESS:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>RESIDENCE ADDRESS:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>
<p>BUSINESS ADDRESS:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>RESIDENCE ADDRESS:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>		
<p>(B). NAME OF CONNECTICUT CORPORATION</p> <p>ADDRESS OF PRINCIPAL OFFICE IN CONNECTICUT</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>			

(C). NAME OF CORPORATION NOT ORGANIZED UNDER CONNECTICUT LAWS* WHICH HAS A CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN THIS STATE.:

ADDRESS OF PRINCIPAL OFFICE IN CONNECTICUT

ADDRESS:

CITY:

STATE:

ZIP:

3. ACCEPTANCE:

NAME OF STATUTORY AGENT FOR SERVICE	SIGNATURE STATUTORY AGENT FOR SERVICE

4. AUTHORIZATION:

NAME OF PRESIDENT, VICE-PRESIDENT OR SECRETARY	SIGNED (PRESIDENT, OR VICE-PRESIDENT, OR SECRETARY)