



SECRETARY OF THE STATE OF CONNECTICUT

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

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CANCELLATION OF REGISTRATION FOREIGN STATUTORY TRUST

C.G.S. §§ 33-661; 33-927; 33-1051; 33-1217; 34-13b; 34-38p; 34-104; 34-224;
34-408; 34-429; 34-507; 34-532

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

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FOR OFFICIAL USE ONLY:
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
1. NAME OF STATUTORY TRUST IN ITS STATE OR COUNTRY OF FORMATION:		
2. IF DIFFERENT FROM THE ABOVE, THE NAME UNDER WHICH STATUTORY TRUST TRANSACTS BUSINESS IN CONNECTICUT:		
3. STATE OR COUNTRY OF FORMATION:		
<i>THE STATUTORY TRUST IS NOT TRANSACTING BUSINESS IN CONNECTICUT AND SURRENDERS ITS AUTHORITY TO TRANSACT FURTHER BUSINESS THEREIN. THE STATUTORY TRUST FURTHER REVOKES THE AUTHORITY OF ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS ON ITS BEHALF. THE STATUTORY TRUST APPOINTS THE SECRETARY OF THE STATE AS ITS AGENT FOR SERVICE OF PROCESS AND CONSENTS TO SERVICE OF PROCESS THEREON IN ANY ACTION, SUIT OR PROCEEDING BASED ON A CAUSE OF ACTION ARISING DURING THE TIME IT WAS AUTHORIZED TO TRANSACT BUSINESS IN THIS STATE.</i>		
4. THE ADDRESS TO WHICH THE SECRETARY OF THE STATE MAY MAIL ANY PROCESS SERVED UPON HIM IN ACCORDANCE WITH THE ABOVE STATED APPOINTMENT:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
5. EXECUTION:		
DATED THIS _____ DAY OF _____, 20 _____		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE