

5. EXECUTION:

I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE.

DATED THIS _____ DAY OF _____, 20 _____

NAME OF SIGNATORY

CAPACITY/TITLE OF SIGNATORY

SIGNATURE

WITHDRAWAL OF FOREIGN CORPORATION *(Stock or Nonstock Corporation)*

COMPLETING THE APPLICATION FOR CERTIFICATE OF WITHDRAWAL

A foreign corporation authorized to transact business in Connecticut may withdraw its Certificate of Authority by filing an Application for Certificate of Withdrawal. The withdrawing corporation must appoint the Secretary of the State as its agent for service of process for matters relating to its activities in this state prior to withdrawal. It must further commit to notify the Secretary of the State of any changes to the address to which it would have copies of legal process sent following withdrawal.

Instructions Correspond With Numbered Entries On The Form

1. NAME OF CORPORATION IN STATE OR COUNTRY OF FORMATION: Please provide the complete name of the corporation.
2. IF DIFFERENT FROM THE ABOVE, THE NAME UNDER WHICH THE CORPORATION TRANSACTS BUSINESS IN CONNECTICUT: Please provide the complete name which the corporation transacts business in this state if it is different from the name under which it is incorporated.
3. STATE OR COUNTRY OF INCORPORATION: Please provide the corporation's state or country of incorporation.
4. THE MAILING ADDRESS TO WHICH THE SECRETARY OF THE STATE MAY MAIL ANY PROCESS SERVED UPON HIM IN ACCORDANCE WITH THE ABOVE STATED APPOINTMENT: Please provide a complete address.
Note: It is the corporation's responsibility to file notices of any changes to this address following withdrawal.
5. 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 and provide a signature.

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

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