



# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [crd@ct.gov](mailto:crd@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## STATE OF CONNECTICUT UCC-1 FINANCING STATEMENT ADDENDUM

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

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</b>			
CUSTOMER ID:			
NAME:			
ADDRESS:			
CITY:			
STATE:		ZIP:	
EMAIL:			
<b>9. NAME OF FIRST DEBTOR (1a OR 1b) ON RELATED FINANCING STATEMENT:</b>			
<b>OR</b>	<b>9A. ORGANIZATION'S NAME</b>		
	<b>9B. INDIVIDUAL'S</b>		
	SURNAME		
FIRST PERSONAL NAME		MIDDLE	SUFFIX
<b>10. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (10A OR 10B) - DO NOT ABBREVIATE OR COMBINE NAMES</b>			
<b>OR</b>	<b>10A. ORGANIZATION'S NAME</b>		
	<b>10B. INDIVIDUAL'S</b>		
	SURNAME		
FIRST PERSONAL NAME		MIDDLE	SUFFIX
<b>10C. MAILING ADDRESS:</b>			
ADDRESS:			
CITY:			
STATE:		ZIP:	COUNTRY:
11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S or			
<input type="checkbox"/> ASSIGNOR S/P'S NAME - INSERT ONLY ONE NAME (11A OR 11B)			
<b>OR</b>	<b>11A. ORGANIZATION'S NAME</b>		
	<b>11B. INDIVIDUAL'S</b>		
	SURNAME		
FIRST PERSONAL NAME		MIDDLE	SUFFIX

**11C. MAILING ADDRESS:**

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

**12. ADDITIONAL COLLATERAL DESCRIPTION:**

**13. MISCELLANEOUS:**

## Instructions for Connecticut UCC Financing Statement (Form UCC-1Ad)

### **INSTRUCTIONS**

9. Insert name of first Debtor shown on Financing Statement to which this Addendum is related, exactly as shown in item 1 of Financing Statement.
10. If this Addendum adds an additional Debtor, complete item 8 in accordance with instruction 1 on Financing Statement. To add more than one additional Debtor, either use an additional Addendum form for each additional Debtor or replicate for each additional Debtor the formatting of Financing Statement item 1 on an 8 1/2 x 11 sheet (showing at the top of the sheet the name of the first Debtor shown on the Financing Statement), and in either case give complete information for each additional Debtor in accordance with Instruction 1 on Financing Statement. All additional Debtor information, especially the name, must be presented in proper format exactly identical to the format of item 1 of Financing Statement.
11. If this Addendum adds an additional Secured Party, complete item 9 in accordance with Instruction 3 on Financing Statement. In the case of a total assignment of the secured Party's interest before the filing of this Financing Statement, if filer has given the name and address of the Total Assignee in item 3 of the Financing Statement, filer may give the Assignor S/P's name and address in item 9.
12. Use this space to provide continued description of collateral, if you cannot complete description in item 4 of Financing Statement.
13. Use this space to provide any other information the filer might need to add pursuant to item 5.

### **OFFICE OF THE SECRETARY OF THE STATE**

#### **MAILING ADDRESS:**

BUSINESS SERVICES DIVISION  
CONNECTICUT SECRETARY OF THE STATE  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

#### **DELIVERY ADDRESS:**

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CONNECTICUT SECRETARY OF THE STATE  
165 CAPITOL AVENUE, SUITE 1000  
HARTFORD, CT 06106

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