INFORMATION REQUEST UNIFORM COMMERCIAL CODE			ttach additional 8 1/2 x 11 sheets if necessary	
FILING F CUSTOM NAME: ADDRES CITY: STATE: EMAIL:	:S:	ENT TO THIS ADDRESS): ZIP:	FEES REQUEST FOR INFORMATION: \$50.00 CERTIFIED COPY:\$55.00 PLAIN COPY: \$40.00 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"	
1A SI F 1B.	OR (Complete A or B, not both) : . INDIVIDUAL (Full legal name): URNAME IRST PERSONAL NAME ORGANIZATION RGANIZATION NAME	MIE	DDLE SUFFIX	
2. INFORMATION OPTIONS         2A.       REQUEST FOR INFORMATION (\$50 FEE)				
2B.	SPECIFIC COPIES ONLY FILING NUMBER	CERTIFIED (\$55.00 PER COP FI	Y) PLAIN COPIES (\$40.00 PER COPY)	

# FOR CREDIT CARD ORDERS (MASTERCARD, VISA OR AMEX only)

NAME ON CREDIT CARD:		
CREDIT CARD #:		
EXPIRATION DATE (MONTH/YEAR):		
SECURITY CODE:		
ZIP CODE (Must match credit card billing address):		
SIGNATURE		

Secretary of the State of Connecticut PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

• Use ink. • Print or type.

OFFICE USE ONLY

## CONNECTICUT UCC INFORMATION REQUEST FORM

## INSTRUCTIONS

Please type or print this form. Be sure it is completely legible. Read all Instructions. Follow Instructions completely. Do not insert anything in the open space in the upper portion of this form. It is reserved for filling office use.

## 1. Debtor name:

Enter only one Debtor name, EITHER an individual debtor's name in 1A, or an organization's name in 1B, not both.

Enter Debtor's exact full legal name. Do not abbreviate.

Do not use Debtor's trade name, DBA, AKA, FKA, Division name etc. in place of or combined with Debtor's legal name.

- 1A. Individual Debtor. "Individual" means a natural person.
- 1B. **Organization Debtor**. "Organization" means an entity having a legal identity separate from its owner.

## 2. Information Request Type

2A. Check the box in item 2A; if you are requesting a search of all active records, including lapsed filings.

2B. Complete item 2B if you are ordering copies of specific records by record number.

### **MAILING ADDRESS:**

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

## **DELIVERY ADDRESS:**

BUSINESS SERVICES DIVISION CONNECTICUT SECRETARY OF THE STATE 165 CAPITOL AVE HARTFORD, CT 06106

PHONE: 860-509-6002

WEBSITE: <u>www.concord-sots.ct.gov</u>

UCC-F-02 (MAY 2020)