

# INTERIM NOTICE OF CHANGE OF OFFICER/DIRECTOR DOMESTIC AND FOREIGN CORPORATIONS

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  
860-509-6003

**DELIVERY ADDRESS:**  
Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

<b>Space For Office Use Only</b>	<b>Filing Fee \$10.00</b>	<b>Make Checks Payable To "Secretary of the State"</b>
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**1. Name of Corporation:**

**2. New officer/director information:**  
(street address required - P.O. Box not acceptable)

Name	Title	Residence Address	Business Address
	<input type="checkbox"/> Check if director		
	<input type="checkbox"/> Check if director		
	<input type="checkbox"/> Check if director		
	<input type="checkbox"/> Check if director		
	<input type="checkbox"/> Check if director		
	<input type="checkbox"/> Check if director		

**3. Directors/officers who have ceased to hold office:**

Name	Title	Name	Title
	<input type="checkbox"/> Check if director		<input type="checkbox"/> Check if director
	<input type="checkbox"/> Check if director		<input type="checkbox"/> Check if director

Note: If additional space is needed, please reference an 8 1/2 X 11 attachment

**4. EXECUTION:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>Print or type name of signatory</b>	<b>Capacity of signatory</b>	<b>Signature</b>
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**INSTRUCTIONS FOR COMPLETION OF THE INTERIM  
NOTICE OF CHANGE OF OFFICER/DIRECTOR FORM  
Domestic and Foreign Corporations**

Instructions correspond with numbered entries on the form

1. **NAME OF CORPORATION:** Please provide the complete name of the corporation as it currently appears on the records of the Secretary of the State. If the notice is being filled by a foreign corporation, such corporation should provide the name under which it is currently authorized to transact business in Connecticut.
2. **NEW OFFICER/DIRECTOR INFORMATION:** Please print or type the full name of the corporation's officers and directors, their titles, including a check following the statement "Check if Director" if applicable, and their residence and business addresses. Complete street addresses including a street number, street name, city, state, postal code and country if other than the United States are required. **Note: P.O. boxes are only acceptable as additional information.**
3. **DIRECTORS/OFFICERS WHO HAVE CEASED TO HOLD OFFICE:** Please print or type the full name of directors/officers who have ceased holding director or officer positions within the corporation and their titles, including a check following the statement "Check if Director" if applicable.
4. **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. The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.