



SECRETARY OF THE STATE OF CONNECTICUT

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

CERTIFICATE OF DISSOLUTION

STOCK CORPORATION

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

<p>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: _____ ZIP: _____</p>	<p>FILING FEE: \$50</p> <p><i>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</i></p>
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1. NAME OF CORPORATION:

2. DATE ON WHICH DISSOLUTION WAS AUTHORIZED:

3. COMPLETE BLOCK (A) IF DISSOLUTION WAS AUTHORIZED BY INCORPORATORS OR INITIAL DIRECTORS OR BLOCK (B) IF DISSOLUTION WAS AUTHORIZED BY DIRECTORS AND SHAREHOLDERS

(A) PLACE A CHECK MARK NEXT TO EITHER 1 OR 2 AS APPROPRIATE:

1. NONE OF THE CORPORATION'S SHARES HAVE BEEN ISSUED

2. THE CORPORATION HAS NOT COMMENCED BUSINESS

THE UNDERSIGNED MAKES THE FOLLOWING ASSERTIONS IN CONNECTION WITH THE SELECTION MADE UNDER SECTION (A) OF THIS FORM: THAT NO DEBT OF THE CORPORATION REMAINS UNPAID; THAT IF SHARES WERE ISSUED, THE NET ASSETS OF THE CORPORATION REMAINING AFTER WINDING UP HAVE BEEN DISTRIBUTED TO THE SHAREHOLDERS; AND THAT A MAJORITY OF THE INCORPORATORS OR INITIAL DIRECTORS AUTHORIZED THE DISSOLUTION.

(B) THE PROPOSAL TO DISSOLVE WAS DULY APPROVED BY THE SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 (INCLUSIVE) OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.

4. EXECUTION:

DATED THIS _____ DAY OF _____, 20 _____

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

NOTE: A CORPORATION MAY ONLY REVOKE ITS DISSOLUTION WITHIN 120 DAYS FOLLOWING THE EFFECTIVE DATE OF SUCH DISSOLUTION.

INSTRUCTIONS

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.
2. **DATE DISSOLUTION WAS AUTHORIZED:** Please provide the month, day and year on which the directors/ shareholders/incorporators authorized the dissolution of the corporation.
3. **COMPLETE APPROPRIATE BLOCK (A) OR (B):**
 - (A) Place a check mark next to 1 or 2 in block (A) if the dissolution was authorized by a majority of the corporation's initial directors or incorporators.
 - (B) Place a check in block (B) if the dissolution was approved by shareholders in the manner required by sections 33-600 to 33-998 (inclusive) of the Connecticut General Statutes.
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 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.

A CORPORATION MAY ONLY REVOKE ITS DISSOLUTION WITHIN 120 DAYS FOLLOWING THE EFFECTIVE DATE OF SUCH DISSOLUTION.

A Connecticut stock corporation may be dissolved by incorporators, initial directors, shareholders or directors. Please consult The Connecticut Business Corporation Act to determine which of these methods are appropriate, after the necessary corporate action has been taken to authorize the dissolution.

Following dissolution, the affairs of the corporation must be wound up in the manner provided in The Connecticut Business Corporation Act.

Any questions concerning completion of this form or the dissolution process in general should be directed to the Corporation's own legal counsel.

OFFICE OF THE SECRETARY OF THE STATE

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