OFFICE USE ONLY

CERTIFICATE OF DISSOLUTION

STOCK / BUSINESS CORPORATION

- Use ink. Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

FILING PARTY (confirmation will be sent to this address): NAME:	
ADDRESS:	NO FILING FEE REQUIRED
CITY:	11201112
STATE: ZIP:	
1. NAME OF CORPORATION (required) (name must exactly match the name on record with the Secretary of the State, including the business designation (e.g., Inc., Corp., Corporation, etc.)):	
2. DATE ON WHICH DISSOLUTION WAS AUTHORIZED (required):	
(mm/dd/yyyy)///	
3. STATEMENT OF DISSOLUTION <i>(required)</i> Place a check mark next to box 3A (including 3A-1 or 3A-2) <u>OR</u> box 3B below, whichever is applicable.	
The dissolution was authorized by a majority of the incorporators <u>or</u> by a majority of the initial directors. No debt of the corporation remains unpaid.	
NOTE: In addition to box 3A, check box 3A-1 or 3A-2, whichever is applicable (required if box 3A is checked).	
3A-1 NONE OF THE CORPORATION'S SHARES HAVE BEEN ISSUED.	
3A-2 THE CORPORATION HAS NOT COMMENCED BUSINESS.	
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. The net assets of the corporation remaining after winding up have been distributed to the shareholders. No debt of the corporation remains unpaid.	
4. EXECUTION/SIGNATURE (required) (subject to penalty of false statement) (complete items 4A through 4D below):	
4A NAME OF SIGNATORY(hand print ortype):	
4B CAPACITY/TITLE (if signing on behalf of an entity):	
4C SIGNATURE:	
4D DATE SIGNED (mm/dd/yyyy):/	
5. NOTE REGARDING REVOCATION OF DISSOLUTION: A CORPORATION MAY ONLY REVOKE ITS	

CERTIFICATE OF DISSOLUTION

DOMESTIC STOCK/BUSINESS CORPORATION

A Connecticut stock/business corporation may be dissolved by its incorporators, its <u>initial</u> directors, or its shareholders. Please consult the Connecticut Business Corporation Act to determine which of these methods is appropriate.

<u>NOTE</u>: 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 should be directed to the Corporation's own legal counsel.

INSTRUCTIONS

NUMBERS CORRESPOND TO SECTION NUMBERS 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, including the business designation, (e.g., Corp, Inc., Corporation, etc.).
- **2. DATE DISSOLUTION WAS AUTHORIZED**: Please provide the month, day and year on which the incorporators, initial directors, or shareholders authorized the dissolution of the corporation.
- 3. STATEMENT OF DISSOLUTION. Check the box for statement A or statement B, whichever is applicable.
 - **3A** Check box 3A if the dissolution was authorized by a majority of the corporation's *initial* directors or its incorporators. Then check box 3A-1 *or* 3A-2, whichever is applicable.
 - <u>3B</u> Check box 3B if the dissolution was approved by the shareholders in the manner required by sections 33-600 to 33-998 (inclusive) of the Connecticut General Statutes.
- **4. EXECUTION/SIGNATURE.** The document must be executed/signed by an authorized official of the corporation. That person must print or type their name, state the capacity/title under which they execute/sign, sign the document and indicate the date signed. The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.
- **5. NOTE REGARDING REVOCATION OF DISSOLUTION.** A corporation may only revoke its dissolution within 120 days following the effective date of such dissolution.

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:

BUSINESS SERVICES DIVISION CONNECTICUT SECRETARY OF THE STATE 165 CAPITOL AVE SUITE 1000 HARTFORD, CT 06106

PHONE: 860-509-6003

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