



# Secretary of the State of Connecticut

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## APPLICATION FOR AMENDED REGISTRATION

### FOREIGN STATUTORY TRUST

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

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):  NAME:  ADDRESS:  CITY:  STATE: ZIP CODE:  EMAIL:  TELEPHONE NUMBER:		<b>FILING FEE: \$120</b>  MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF STATUTORY TRUST IN ITS STATE OR COUNTRY OF FORMATION:</b>		
<b>2. IF DIFFERENT THAN THE NAME STATED ABOVE, THE NAME UNDER WHICH THE STATUTORY TRUST TRANSACTS BUSINESS IN CONNECTICUT:</b>		
<b>3. STATE OF FORMATION:</b>		
<b>4. THE STATUTORY TRUST'S APPLICATION FOR REGISTRATION IS AMENDED AS FOLLOWS:</b>		
<b>5. EXECUTION:</b>		
DATED THIS _____ DAY OF _____, 20_____		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE