



# Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) WEBSITE: [business.ct.gov](http://business.ct.gov) EMAIL: [bsd@ct.gov](mailto:bsd@ct.gov)

## APPLICATION FOR 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):		<b>FILING FEE: \$120</b>  <i>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</i>
NAME:  ADDRESS:  CITY:  STATE: ZIP CODE:  EMAIL:  TELEPHONE NUMBER:		
<b>1. NAME OF STATUTORY TRUST IN ITS STATE OR COUNTRY OF FORMATION:</b>		
<b>2. IF DIFFERENT FROM THE NAME STATED ABOVE, THE NAME UNDER WHICH THE STATUTORY TRUST SHALL TRANACT BUSINESS IN CONNECTICUT:</b>		
<b>3. STATE/COUNTRY OF FORMATION:</b>	<b>4. DATE OF FORMATION:</b>	
<b>5. ADDRESS OF THE OFFICE REQUIRED TO BE MAINTAINED IN THE JURISDICTION OF FORMATION OR, IF NOT REQUIRED, THE ADDRESS OF THE STATUTORY TRUST'S PRINCIPAL OFFICE</b> ( <i>P.O. Box not acceptable</i> ):  ADDRESS:  CITY:  STATE: ZIP CODE:		
<b>6. THE CHARACTER OF BUSINESS WHICH THE STATUTORY TRUST TRANSACTS OR INTENDS TO TRANACT IN CONNECTICUT:</b>		
<b>7. THIS IS A FOREIGN STATUTORY TRUST, WHICH IS NOT ORGANIZED UNDER THE LAWS OF THIS STATE.</b>  <input type="radio"/> YES <input type="radio"/> NO		
<b>8. DATE STATUTORY TRUST BEGAN TRANSACTING BUSINESS IN CONNECTICUT:</b>		

**9. APPOINTMENT OF AGENT FOR SERVICE OF PROCESS (CHECK A or COMPLETE B.)**

(A) THE STATUTORY TRUST APPOINTS THE SECRETARY OF THE STATE OF CONNECTICUT AND HIS SUCCESSORS IN OFFICE TO BE ITS AGENT UPON WHOM ANY PROCESS, IN ANY ACTION OR PROCEEDING AGAINST IT, MAY BE SERVED.

(B) THE STATUTORY TRUST APPOINTS THE FOLLOWING CONNECTICUT RESIDENT; DOMESTIC CORPORATION; LIMITED LIABILITY COMPANY; REGISTERED LIMITED LIABILITY PARTNERSHIP; OR STATUTORY TRUST OR FOREIGN AUTHORIZED/REGISTERED CORPORATION; LIMITED LIABILITY COMPANY; REGISTERED LIMITED LIABILITY PARTNERSHIP; OR STATUTORY TRUST TO BE ITS AGENT UPON WHOM ANY PROCESS, IN ANY ACTION OR PROCEEDING AGAINST IT, MAY BE SERVED.

**PRINT OR TYPE NAME OF AGENT:** (If B, COMPLETE THE FOLLOWING NAME AND ADDRESS)

<b>BUSINESS ADDRESS:</b> (P.O.BOX UNACCEPTABLE) ADDRESS:   CITY: STATE: ZIP CODE:	<b>RESIDENCE ADDRESS:</b> (P.O.BOX UNACCEPTABLE) ADDRESS:   CITY: STATE: CT ZIP CODE:
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**ACCEPTANCE OF APPOINTMENT****SIGNATURE OF AGENT****10. ENTITY E-MAIL ADDRESS (REQUIRED)****11. NAICS CODE (REQUIRED - SIX DIGITS)****12. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE