



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) Website: business.ct.gov Email: bsd@ct.gov

INTERIM NOTICE OF CHANGE OF OFFICER/DIRECTOR

DOMESTIC OR FOREIGN CORPORATIONS - [Accessible Version Available](#)

FILING PARTY: <i>(confirmation will be sent to this address)</i> NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:		FILING FEE: \$20.00 <i>Make checks payable to "Secretary of the State"</i>
1. COMPLETE NAME OF CORPORATION: (required) <i>(Must match our records exactly and include the business designation (e.g. Inc., Co., Corp., etc.))</i>		
2. NEW OFFICER/DIRECTOR INFORMATION: <i>(New information must include name, title, residence and business addresses.)</i> NOTE: Adding a new officer/director does not replace an existing officer/director. Proceed to section 3 to remove existing officer(s)/director(s), if applicable.		
NAME:		TITLE:
CHECK IF DIRECTOR:		
BUSINESS ADDRESS: <i>(No P.O. Box)</i> CHECK IF NONE: STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS: <i>(No P.O. Box)</i> STREET: CITY: STATE: ZIP CODE:	
NAME:		TITLE:
CHECK IF DIRECTOR:		
BUSINESS ADDRESS: <i>(No P.O. Box)</i> CHECK IF NONE: STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS: <i>(No P.O. Box)</i> STREET: CITY: STATE: ZIP CODE:	
NAME:		TITLE:
CHECK IF DIRECTOR:		
BUSINESS ADDRESS: <i>(No P.O. Box)</i> CHECK IF NONE: STREET: CITY: STATE: ZIP CODE:	RESIDENCE ADDRESS: <i>(No P.O. Box)</i> STREET: CITY: STATE: ZIP CODE:	



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) Website: business.ct.gov Email: bsd@ct.gov

3. OFFICER(S) / DIRECTOR(S) WHO HAVE CEASED TO HOLD OFFICE:

NOTE: Name and title must match our records exactly or changes will not be reflected. Be careful to include items such as Jr., Sr., middle initials, etc. Check the Secretary of the State's business registry database (business.ct.gov) for name and title of record. Individual/entity will only be removed from those titles indicated, therefore, be sure to include all applicable titles.

NAME:	TITLE:
	CHECK IF DIRECTOR:
NAME:	TITLE:
	CHECK IF DIRECTOR:
NAME:	TITLE:
	CHECK IF DIRECTOR:
NAME:	TITLE:
	CHECK IF DIRECTOR:
NAME:	TITLE:
	CHECK IF DIRECTOR:

4. EXECUTION/SIGNATURE *(required)* (Subject to penalties of false statement):

DATE SIGNED: ____ / ____ / ____

FULL NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
		▶

INTERIM NOTICE OF CHANGE OF OFFICER / DIRECTOR
CORPORATIONS - DOMESTIC & FOREIGN

INSTRUCTIONS

Numbers below correspond to the section numbers on the form.

1. **NAME OF CORPORATION.** 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., Inc., Corp, Incorporated, etc). If the notice is being filed by a foreign corporation, provide the name under which the corporation is currently authorized to transact business in Connecticut, exactly as it appears on the records of the Connecticut Secretary of the State, including the business designation, (e.g., Inc. Corp., Corporation, etc.).
2. **NEW OFFICER/DIRECTOR INFORMATION.** Print or type the full names of new officers and directors, their titles, and, if the person is a director, check the box following the statement "Check if Director." Provide the residence and business addresses for each new officer/director listed. A complete street address is required for each officer/director, including a street number, street name, city, state, postal code and country if other than the United States. **Note:** *P.O. boxes are only acceptable as additional information.*
3. **DIRECTORS/OFFICERS WHO HAVE CEASED TO HOLD OFFICE.** Print or type the full names and titles of directors/officers who have ceased holding their positions. If a person listed is a director, check the box following the statement "Check if Director."
4. **EXECUTION/SIGNATURE.** The document must be executed/signed by an authorized official of the corporation. That person must print or type their name and the capacity/title under which they execute/sign. The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

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 AVENUE, SUITE 1000
HARTFORD, CT 06106

PHONE: [860-509-6003](tel:860-509-6003)

WEBSITE: business.ct.gov