



Secretary of the State of Connecticut

Phone: 860-509-6003 Website: business.ct.gov Email: bsd@ct.gov

State of Connecticut

Information Statement - Use Ink. Complete all sections. Print or Type. Attach 8 1/2" X 11" sheets if necessary.

Filing Party (Confirmation will be sent to this address): Name: Address: City: State: Zip Code: Email: Telephone Number:	Filing Fee: \$50 Make checks payable to "Secretary of the State"								
1. File Number of Original Financing Statement:									
2. Debtor's Exact Full Legal Name - Insert only one Debtor Name (2A or 2B)									
or	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">2A. Organization's Name</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td style="padding: 2px;">2B. Individual's</td> </tr> <tr> <td style="padding: 2px;">Surname:</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">First Personal Name:</td> <td style="width: 20%; border-bottom: 1px solid black;">Middle:</td> <td style="width: 40%; border-bottom: 1px solid black;">Suffix:</td> </tr> </table> </td> </tr> </table>	2A. Organization's Name		2B. Individual's	Surname:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">First Personal Name:</td> <td style="width: 20%; border-bottom: 1px solid black;">Middle:</td> <td style="width: 40%; border-bottom: 1px solid black;">Suffix:</td> </tr> </table>	First Personal Name:	Middle:	Suffix:
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First Personal Name:	Middle:	Suffix:							
2C. Mailing Address: Address: City: State: Zip Code: Country:									
3. Please Mark the Appropriate Box (check only one box): <input type="checkbox"/> 3A. Record is Inaccurate <input type="checkbox"/> 3B. Record was Wrongfully Filed <input type="checkbox"/> 3C. The person that filed the Record was not Entitled to do so Under Subsection (d) if Section 42a-9-509									
3D. State the reason why the record is Inaccurate, was Filed Wrongfully, or the Person was not Entitled to File.									
3E. Describe how the record should be amended (use only if 3A or 3B is checked above):									

Instructions for Connecticut Information Statement

Please type or print this form. Be sure it is completely legible. Read all Instructions.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filling office use.

1. File number: Enter file number of initial financing statement to which the Record relates. Enter only one filenumber.

2. Debtor's Name: Enter only one debtor's name in 2a or 2b.

2a. Organizational Debtor

2c. An address is always required for the Debtor named in 1a or 1b.

2b. Individual Debtor

2c. Enter Debtor's address

3. If this Information Statement is filed based on the filer's belief that the Record identified in item 1 is inaccurate, check box 3a, provide the basis for that belief in 3d; and indicate the manner in which the Record should be amended to cure the inaccuracy in 3e. If this Information Statement is filed based on the filer's belief that the record identified in item 1 was wrongfully filed, check box 3b and provide the basis for belief in 3d and the cure for the inaccuracy in 3e.

If the Information Statement is being filed by a secured party who believes a record has been filed by a person not entitled to do so check box 3c and indicate the basis for the belief in 3d.

4. Always enter name of the person who authorized the filing of this Information Statement. This name must be the same as the name under which the record is indexed.

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

Website: business.ct.gov