Organization Resolution

By action of the Board of Directors (Board of Directors/Owners) of Derby Housing Authority (COMPANY NAME),
a(n) Public Housing Agency (ORGANIZATION), taken 09/21/26 (DATE), the following resolution was duly adopted.

RESOLVED, that effective as of the close of business on 09/21/26 (Date of Removal), Khallid Graham (Individual to be Removed) is removed as the:

☒ Trustee ☒ Authorized Representative

for the Derby Housing Authority (Name of Plan) 401(k) Profit Sharing Plan & Trust (the "Plan"), and it is

FURTHER RESOLVED, that effective as of the opening of business 09/21/26 (Date of Appointment),
Marilyn Ferris (Name of new Individual) is hereby appointed as

☒ Trustee ☒ Authorized Representative

New Appointee Address 1000 Bridgeport Avenue, Suite 410, Shelton, CT 06484

Phone Number 203-925-0426 Email housing@aco.cpa

and it is FURTHER RESOLVED, that the Board of Directors ([Board of Directors] [Partnership/Membership]) of this organization hereby authorizes
Marilyn Ferris (Name of new Individual) to execute any documents necessary and to make such changes therein as may be required or which they may deem appropriate, to take any other actions which they deem necessary or desirable or proper to carry out the intent of the foregoing Resolution.

IN WITNESS WHEREOF, I have executed this Resolution this date of 9/21/26 (MONTH/DAY/YEAR).

AUTHORIZED SIGNATURE

Linda Fusco
PRINTED NAME

Chairwoman, Board of Directors, Derby Housing Authority
PRINTED TITLE

RECEIVED
By Marc J Garofalo MPA, MMC, MCTC at 4:59 pm, Sep 30, 2026

PAYCHEX

Pooled Employer 401(k) Plan
Employer Representative/Authorized Contact Change Form

This Form is required to be properly completed by an authorized individual at your Company and returned to Paychex in order to change one or more Employer Representatives and/or Authorized Contacts with respect to your Company's participation in the Paychex Pooled Employer 401(k) Plan (the "Plan").

Employer Representative(s): The person(s) identified by the Plan's recordkeeping system as an Employer Representative with respect to your Company's participation in the Plan. Such individual(s) holds the highest level of authority and access regarding Client Information, including Client Confidential Information, for the Plan. The Employer Representative(s) has sole authority and responsibility for providing direction to Paychex and for approving and executing all Plan documentation that Paychex requires to provide the Services under the applicable Paychex Pooled Employer Plan Services Agreement (the "Agreement") and to administer the Plan. The Employer Representative(s) is also responsible for (i) providing all Client Company, Client Participant, or other data and information that Paychex requires to perform the Services and administer the Plan; (ii) ensuring that all Client Company, Client Participant or other data and information provided to Paychex by Authorized Contacts is accurate and complete; and (iii) keeping current with Paychex all access and contact authorizations and permissions relevant to the Plan.

Authorized Contact(s): The person(s) designated by the Employer Representative(s) and identified by the Plan's recordkeeping system to provide Client Participant Information, including Client Confidential Information, to Paychex. An Authorized Contact has no other authority with respect to the Company's participation in the Plan.

Contact Information

☒ **Add Employer Representative** ☐ **Remove Employer Representative** ☐ **Add Authorized Contact** ☐ **Remove Authorized Contact**

Office/Client Number 653684 Federal ID 06-6002468

Client Company Name Derby Housing Authority

First Name Marilyn Last Name Ferris

Primary Phone (203) 925-0426 Primary Email housing@aco.cpa

☐ **Add Employer Representative** ☒ **Remove Employer Representative** ☐ **Add Authorized Contact** ☐ **Remove Authorized Contact**

Office/Client Number 653684 Federal ID 06-6002468

Client Company Name Derby Housing Authority

First Name Khallid Last Name Graham

Primary Phone (203) 735-6652 Primary Email KGraham@derbyhousing.com

☒ **Add Employer Representative** ☐ **Remove Employer Representative** ☐ **Add Authorized Contact** ☐ **Remove Authorized Contact**

Office/Client Number 453684 Federal ID 06-6002468

Client Company Name Derby Housing Authority

First Name Linda Last Name Fusco

Primary Phone (203) 736-1450 Primary Email lfusco@derbyct.gov

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☐ **Add Employer Representative** ☐ **Remove Employer Representative** ☐ **Add Authorized Contact** ☐ **Remove Authorized Contact**

Office/Client Number _____ Federal ID _____

Client Company Name _____

First Name _____ Last Name _____

Primary Phone (___) _____ Primary Email _____

I represent and warrant that I am an authorized Employer Representative and am authorized to make the changes to the Employer Representative and/or Authorized Contact as set forth above. I understand that Paychex and its affiliates will be entitled to act and rely upon the direction or information, to the extent permitted by the Plan or the Agreement, provided by any Employer Representative or Authorized Contact (as applicable) currently identified by the Plan's recordkeeping system and those added above. I understand that the Employer Representative or Authorized Contact with respect to the Company's participation in the Plan has the authority to discuss any Human Resource product for which Paychex or any affiliate provides services, including, without limitation, the Plan.

Employer Representative Signature: _____

Print Name: Linda Fusco Date: _____

☒ **Email this completed form to:**
Clientsupport_paperwork@paychex.com

Fax: Attn: Client Support
585-389-7878

RECEIVED
By Marc J Garofalo MPA, MMC, MCTC at 5:00 pm, Sep 30, 2026