COMPANY INFORMATION REQUEST

PLEASE COMPLETE THE FOLLOWING INFORMATION REQUEST:

COMPANY INFORMATION COMPANY NAME: EIN: DATE OF INCORPORATION: ADDRESS: CITY/STATE/ZIP: PRESIDENT'S NAME: **TELEPHONE:** E-MAIL: **DOC NUMBER: SALES TAX NUMBER: ALL OFFICERS/MANAGERS/MEMBERS** NAME: TITLE: NAME: TITLE: NAME: TITLE: NAME: TITLE: **SHAREHOLDERS/MEMBERS** NAME: SOCIAL SECURITY NUMBER: PASSPORT NUMBER: ADDRESS: PERCENTAGE OWNERSHIP: NAME: SOCIAL SECURITY NUMBER: PASSPORT NUMBER: ADDRESS: PERCENTAGE OWNERSHIP: NAME: SOCIAL SECURITY NUMBER: PASSPORT NUMBER: ADDRESS: PERCENTAGE OWNERSHIP: NAME: SOCIAL SECURITY NUMBER: **PASSPORT NUMBER:** ADDRESS:

1. Would you like for us to serve as the corporation's Registered Agent?

PERCENTAGE OWNERSHIP:

2. Keeping yearly up-to-date corporate minutes is required to preserve your liability protection, tax advantage, and other corporate benefits. Would you like for us to help you maintain corporate minutes? YES NO

YES

NO