

**CORPORATE INFORMATION SHEET:**

PROPOSED CORPORATION NAME: \_\_\_\_\_

ALTERNATIVE CORPORATION NAME: \_\_\_\_\_

CLIENT/CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PRINCIPAL'S SSN: # \_\_\_\_\_ *(Needed to obtain EIN; do not send via email)*

PRINCIPAL ADDRESS OF CORPORATION: \_\_\_\_\_

(If different than address above)

ADDRESS TO USE FOR MAILED CORRESPONDENCE (check one):  CLIENT  CORPORATE

STATE OF INCORPORATION: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**CLASSES OF STOCK**

*(These are typical values used; please consult with your accountant with questions)*

<u>CLASS</u>	<u># SHARES AUTHORIZED</u>	<u># ISSUED</u>	<u>PAR VALUE</u>	<u>AMOUNT</u>
Common	1,000	100	NPV	\$1,000

INITIAL PAID IN CAPITAL \_\_\_\_\_

**SHAREHOLDERS:**

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u># of SHARES</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**CORPORATE INFORMATION SHEET:**

**DIRECTORS:**

	<u>NAME</u>	<u>ADDRESS:</u>	<u>PHONE:</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**OFFICERS:**

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

**REGISTERED AGENT:**

Norma Arellano: (Y/N). IF NO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX # \_\_\_\_\_

**ACCOUNTANT NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER INFORMATION:**

INCLUDE RESTRICTIONS ON STOCK CERTIFICATES: Yes \_\_\_\_\_ No \_\_\_\_\_

WILL 51% OR MORE OF STOCK BE OWNED BY A MINORITY OR FEMALE? \_\_\_ Yes \_\_\_ No

CORPORATION TYPE - C CORP: \_\_\_ S CORP: \_\_\_

CORPORATE BANK ACCOUNT: \_\_\_\_\_

ADDRESS OF BANK LOCATION: \_\_\_\_\_

WHO WILL HAVE CHECK WRITING AUTHORITY: \_\_\_\_\_

**CORPORATE INFORMATION SHEET:**

ASSUMED NAME (IF ANY): \_\_\_\_\_

LOCATION OF CORPORATE BOOK: \_\_\_\_\_

(If Norma Arellano Registered Agent, we will retain in our office)

PRINCIPAL ACTIVITY OF YOUR BUSINESS: \_\_\_\_\_

PRINCIPAL LINE OF MERCHANDISE SOLD, SPECIFIC CONSTRUCTION WORK DONE,  
PRODUCTS PRODUCED, OR SERVICES PROVIDED:

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER APPLIED FOR AN EIN BEFORE? \_\_\_\_ YES \_\_\_\_ NO

IS ALL OF THE PROPERTY OF THE CORPORATION LOCATED IN CALIFORNIA AND  
ALL BUSINESS OF THE CORPORATON TRANSACTED AT OR FROM PLACES OF  
BUSINESS IN CALIFORNIA? \_\_\_\_ YES \_\_\_\_ NO