

INCORPORATION QUESTIONNAIRE

NAME OF CORPORATION (List in order of Preference:)

1. _____

2. _____

3. _____

PRESIDENT:

Name: _____

Social Security #: _____

Date of Birth: _____

Address: _____

Street Number

City

County

State

Zip-code

Telephone: _____

Phone#

Cellular#

Pager#

Fax Number: _____

TREASURER:

Name: _____

Social Security: _____

Date of Birth: _____

Address: _____

Street Number

City

County

State

Zip-code

Telephone: _____

Phone#

Cellular#

Pager#

SECRETARY:

Name: _____

Social Security: _____

Date of Birth: _____

Address: _____

Street Number

City County State Zip-code

Telephone: _____

Phone#

Cellular#

Pager#

REGISTERED AGENT:

Name: _____

Address: _____

Street Number

City County State Zip-code

CORPORATION ADDRESS:

Mailing Address: _____

Street Number

City County State Zip-code

Business Address: _____

Street Number

City County State Zip-code

Telephone: _____

Phone#

Cellular#

Pager#

SHAREHOLDER

Name: _____

Address: _____

Street Number

City County State Zip-code

Social Security #: _____

No. of Shares: _____

SHAREHOLDER

Name: _____

Address: _____

Street Number

City County State Zip-code

Social Security #: _____

No. of Shares: _____

PURPOSE OF CORPORATION:

OF EMPLOYEES IN CORPORATION: _____

CHAIRMAN OF BOARD

Name: _____

Address: _____

Street Number

City County State Zip-code

Telephone: _____

Phone#

Cellular#

Pager#

SECRETARY OF BOARD

Name: _____

Address: _____

Street Number

City	County	State	Zip-code
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Telephone: _____

Phone#

Cellular#

Pager#