

CORPORATION INFORMATION/CHECKLIST

NAME OF COMPANY: _____

ADDRESS OF BUSINESS: _____

DO YOU NEED A FEDERAL ID NUMBER? YES/NO

DO YOU ALREADY HAVE A FEIN FOR THIS CORPORATION? YES/NO

ORGANIZERS:

Registered Agent Name: _____ SSN: _____

Address: _____

Telephone : _____

Other Members:

Name: _____ SSN: _____

Address: _____

Telephone: _____

Name: _____ SSN: _____

Address: _____

Telephone: _____

Name: _____ SSN: _____

Address: _____

Telephone: _____

Misc./Other: _____

FOR OFFICE USE ONLY:

Fee Agreement Prepared/Returned: _____ Fees Paid: _____

Application to Secretary of State Prepared: _____ Reviewed by Attorney: _____

Check Requested: _____ Application Mailed: _____ Application Returned: _____

Appointment Date: _____ Letter to Client Mailed: _____ Corp.Books Ordered: _____

Corporate Membership: _____ Conference with Attorney to Review Books: _____