



CORPORATE INFORMATION FORM

(Supplement A)

Applicants must file business with Secretary of State:

Name of Corporation/Partnership:

Corporate Address:

| | | |
|-----------------|------------------|-------|
| Corporate Ph #: | Corporate Email: | FEIN: |
|-----------------|------------------|-------|

Business Status:

Date Corporation/Partnership was Organized:

State Articles of Incorporation/Organization filed:

Date Articles of Incorporation/Organization **filed** with Secretary of State:

Date Certification of Incorporation/Organization was **issued** by Secretary of State:

| | | |
|---|--|-----------------------------|
| Are there any amendments to Articles of Incorporation? <i>(if yes, provide date filed)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Date Amendment Filed</u> |
|---|--|-----------------------------|

What are the total shares of stock created by this Corporation?

H. List stockholders with 5% or more in holdings *(corporations with a long list, attach copy of list):*

| Name | Percentage of Stock |
|------|---------------------|
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|--|------------------------------|-----------------------------|
| Has Corporation attached an organization chart /listing with Names, Title, Address and Percentage of Stock of Corporation officers and directors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Has the Corporation attached a file-stamped copy of Articles of Incorporation/Organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Explain any existing options & names of persons concerned as they pertain to purchase or acquire stock at a future date:

What is the objective of Corporation?

| | | |
|---|------------------------------|-----------------------------|
| Has a <i>Shareholder and/or Site Manager Background Form</i> been completed for each person holding (5%) or more stock in this corporation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|