

## **CORPORATION INFORMATION FORM**

This Corporation Information Form should be filled out as completely as possible and forwarded to Zach Starnes of The Cole Law Firm, LLC for review prior to a personal conference. If convenient, please return the completed form by e-mail to zach@carlcolelaw.com. Alternatively, you may return the completed form by (i) delivering it to the offices of The Cole Law Firm, located at 401 Lee Street, Suite 301, Decatur, Alabama 35601; (ii) mailing it to The Cole Law Firm, ATTN: Zachary H. Starnes, Post Office Box 2064, Decatur, Alabama 35602-2064; or (iii) faxing it to The Cole Law Firm, ATTN: Zachary H. Starnes at 256.353.0552.

If you have any questions regarding these instructions or anything in this form, please contact Zach Starnes by e-mail (zach@carlcolelaw.com) or telephone (256.353.0550).

### **CORPORATION INFORMATION**

- 1) What will be the legal name of the Corporation? (This name will be confirmed with you prior to obtaining a name reservation certificate from the Secretary of State's Office.)

\_\_\_\_\_

- 2) Do you anticipate using any "trade names" or "d/b/a names"? If so, what are they?

\_\_\_\_\_

- 3) Complete the below information for all initial Shareholders of the Corporation. If there are more than four (4) initial Shareholders, please attach a sheet with the information for any additional Shareholder(s).

#### Shareholder 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_

#### Shareholder 2 (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Shareholder 3 (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Shareholder 4 (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_

- 4) Provide the names and addresses of all initial Members of the Board of Directors of the Corporation. (If there are more than four (4) initial Directors, please attach a sheet with the additional names and addresses.)

Director 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Director 2 (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Director 3 (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Director 4 (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

5) Provide the names and addresses of the initial Officers of the Corporation:

President

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

6) What is the primary business purpose of the Corporation?

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

7) List the name, physical street address (no P.O. addresses), and SSN of the initial registered agent of the Corporation. This is the person designated to receive all "official" correspondence and other documents on behalf of the Corporation including, for example, any lawsuit filed against the Corporation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

8) What is the physical (street, no P.O.) address of the principal office of the Corporation in Alabama? If the Corporation has a different mailing address, please include that as well.

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

9) What bank (name, branch location) will the Corporation use for its primary account?

\_\_\_\_\_

10) Who will serve as the accountant for the Corporation?

\_\_\_\_\_

11) In the Corporation's first year of existence, will it have employees? \_\_\_\_\_

12) If the Corporation will have employees, please answer the following questions:

a. What is the highest number of employees that the Corporation will have during its first year of existence? \_\_\_\_\_

b. What is the date that wages will first be paid to the employee(s)? \_\_\_\_\_

c. Will the Corporation pay more or less than \$4,000 in total wages to its employee(s) in a full calendar year? \_\_\_\_\_

13) What will be the last month of the Corporation's fiscal year? \_\_\_\_\_

14) Do you have any special provisions you would like to see included in the Corporation's Bylaws or other unique considerations? If so, please describe those below.

\_\_\_\_\_

\_\_\_\_\_

15) List the name, phone number, and e-mail address for the person completing this form.

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_