



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:

DRENDEL & JANSONS LAW GROUP: (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 D&J Registered Agent, we will retain in our office)

ILLINOIS BUSINESS REGISTRATION NUMBER # _____ (if applicable)

HOW MANY EMPLOYEES: _____

WHEN WILL EMPLOYEES START: _____

STATE LICENSING FILING (IF ANY): _____

ATTACH COPY OF LEASE AGREEMENT FOR RENTAL OF BUSINESS (if applicable)

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 ILLINOIS AND ALL
BUSINESS OF THE CORPORATON TRANSACTED AT OR FROM PLACES OF BUSINESS IN
ILLINOIS? ____ YES ____ NO



CORPORATE INFORMATION SHEET:

HOW DID YOU CHOOSE DRENDEL & JANSONS LAW GROUP?

INFORMATION PROVIDED BY:

NAME(S):

DATE:

R:\Secretary\FORMS\BusinessOrgs-Corporation\Intake Sheets\Incorporation Intake Sheet.doc