

NEW CORPORATION

2 NAMES BY PREFERENCE:

1: _____

2: _____

ADDRESS: _____

PHONE: _____

Who will be responsible for paperwork and legal documents?

Registered Agent: _____

Address: _____

SHS Auth: 10K

Shareholders:

(1) NAME: _____

ADDRESS: _____

SOC.SECURITY # _____

Date/Of/Birth _____

OF SHARES/ % OF OWNERSHIP _____

officer title _____

PHONE: _____

(2) NAME: _____

ADDRESS: _____

SOC.SECURITY # _____

Date/Of/Birth _____

OF SHARES/ % OF OWNERSHIP _____

officer title _____

PHONE: _____

If more shareholders add on a separate sheet.

Principal Business _____

w/in city limits? _____

type _____ trade name _____

Predecessor Name: _____

Address: _____

SC unemployment acct # _____