

# CORPORATION PLANNING FORM



Corporation

Available Through

# CITADEL LAW CORPORATION

# ORGANIZATION & FIRST MEETING MINUTES DATA SHEET

FOR CORPORATIONS ONLY

Associate: All sections must be completed accurately for proper processing

Attorney/Paralegal:

Signing Date:

Signing City:

A. Client's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

C. Address \_\_\_\_\_  
STREET CITY COUNTY STATE ZIP

D. Home Phone(\_\_\_\_) - \_\_\_\_\_ Work Phone(\_\_\_\_) - \_\_\_\_\_ Cell Phone(\_\_\_\_) - \_\_\_\_\_

Email \_\_\_\_\_

E. Date of Marriage \_\_\_\_\_ Prior Marriage?(Yes/No) Husband \_\_\_\_\_ Wife \_\_\_\_\_ (If Yes, give details:)  
\_\_\_\_\_

F. Are you a United State citizen? (Yes/No) Client \_\_\_\_\_ Spouse \_\_\_\_\_

1. Name of Corporation (Select 3 names in order of preference):

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. Describe Business Activity: \_\_\_\_\_

3. Current Type of Business, if existing entity (sole proprietorship, partnership, etc.) and name of existing entity: \_\_\_\_\_

4. Principal Executive Business Address (address used for mailing purposes):

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

5. Street Address of Principal Business Office in California, if any:

\_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

6. Temporary Chairman: \_\_\_\_\_

Temporary Secretary: \_\_\_\_\_

Chairman: \_\_\_\_\_

7. Names of Officers (Corporations must have a Chief Executive Officer, Secretary and Chief Financial Officer):

Chief Executive Officer: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

8. Number of Directors and Names/Addresses of all Directors, including Directors who are also Officers (Corporations must have at least one Director): \_\_\_\_\_

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

9. Name and Address of Agent for Service of Process: \_\_\_\_\_

\_\_\_\_\_

10. Officer(s) authorized to sign checks (individually, together, or both): \_\_\_\_\_

\_\_\_\_\_

11. Name and location of bank: \_\_\_\_\_

12. Total Net Value of Business: \$ \_\_\_\_\_

13. Total Number of shares authorized to be issued: \_\_\_\_\_

14. Par Value Per Share (Check one):  Leave Blank       No Par       \$ \_\_\_\_\_ par value each

15. Name of each Shareholder, Number of shares, Type of Capital Contributed, and Value:

Name	Shares	Capital Contribution Type	Value/Amount
A. _____	_____	_____	\$ _____
B. _____	_____	_____	\$ _____
C. _____	_____	_____	\$ _____
D. _____	_____	_____	\$ _____
E. _____	_____	_____	\$ _____
F. _____	_____	_____	\$ _____

16. Subchapter S election (Check one):  Yes  No

17. Manager Fees/Officer Salaries: \_\_\_\_\_  
\_\_\_\_\_

18. Names of parties present at first organizational meeting: \_\_\_\_\_  
\_\_\_\_\_

19. Date and time of first meeting: \_\_\_\_\_

20. Location of first meeting: \_\_\_\_\_

21. Annual meeting to be held: date (Month and Day)/Time: \_\_\_\_\_

22. Date accounting year begins/ends: \_\_\_\_\_

23. Date of dissolution of former Company, if applicable: \_\_\_\_\_

24. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_