

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

Citadel Associate:

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: _____

