

CONFIDENTIAL ATTORNEY-CLIENT  
PRIVILEGE COMMUNICATION

**INCORPORATION QUESTIONNAIRE**

***THE LEBRECHT GROUP, APLC***

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The following questionnaire will serve as a checklist by the The Lebrecht Group, APLC in connection with the organization of a corporation and related documentation.

1. Location (address) and telephone number of organizer of corporation:
  
  
  
  
  
  
  
  
  
  
2. Mailing address if different from above:  
  
[ ] Same as above
  
  
  
  
  
  
  
  
  
  
3. Name and State of Corporation to be Formed:  
  
First choice:  
Alternate:  
2nd Alternate:
  
  
  
  
  
  
  
  
  
  
4. Purpose (general purpose clause recommended). [ ] General [ ] Other (detail)
  
  
  
  
  
  
  
  
  
  
5. General description of business the corporation will engage in:
  
  
  
  
  
  
  
  
  
  
6. Date the corporation intends to begin operations (approximate):
  
  
  
  
  
  
  
  
  
  
7. Estimated number of employees the corporation will employ during its first year of operations:

8. Number of shares to be authorized (1,000,000 or more authorized recommended):  
 1,000,000                       Other \_\_\_\_\_
9. Value of assets being used to capitalize corporation \$\_\_\_\_\_.
10. Registered agent and registered address (this is the person who receives service of process against the Corporation; the registered agent is normally a responsible corporate officer or corporate agent; (P.O. Box address is not acceptable):  
 Same as corporation's address       Other (detail)
11. Number of Directors (only one required by law; best to have an odd number of directors if more than one):  
 One       Other \_\_\_\_\_
12. Name(s) and Address(es) of initial Director(s):  
 Organizer of corporation       Others (detail):
13. State law generally allows a corporation to indemnify its Board of Directors for certain conduct.  
 Indemnify board members to the extent allowed by law.  
 Do not indemnify board members.
14. Are preemptive rights to be granted (i.e., the right of a shareholder to maintain his or her percentage of stock ownership by being entitled to subscribe to future stock issuances - probably not applicable to the typical small business corporation)?  
 yes       no

15. Day and month of Annual Shareholder and Directors Meeting (best to use 15th day of fourth month following end of fiscal year so that year-end financial reports are available):

April 15 (if year end fiscal year, which is recommended)  Other\_\_\_\_\_

16. Officers (all can be the same person):

All officers to be organizer OR

President or Chairman of the Board: \_\_\_\_\_

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

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

(Other officers - only above are required): \_\_\_\_\_

17. Fiscal year ends (use December 31 unless reason to do otherwise; consult our firm or your accountant):

December 31  Other\_\_\_\_\_

18. Stockholder(s):

- (a)
- (b)
- (c)
- (d)

19. Social Security Number(s):

- (a)
- (b)
- (c)
- (d)

20. Spouse's Name(s)

- (a)
- (b)
- (c)
- (d)

21. Spouse's Social Security Number(s):  
(a)  
(b)  
(c)  
(d)
22. Number of Shares  
(a)  
(b)  
(c)  
(d)
23. Purchase Price per Share  
(a)  
(b)  
(c)  
(d)
24. Type of Consideration  
(a)  
(b)  
(c)  
(d)
25. Any other state or country in which the corporation is to be qualified to do business (if so, requires additional legal work - please contact attorney at phone number above):  
  
 Only in state of incorporation       Other (detail)
26. Will the corporation transact business under a trade or fictitious name? If so, specify the name:

27. Do the shareholders desire to enter into a buy-sell agreement (or other shareholder's agreement) restricting the transfer of their shares and granting options or rights to the Company to purchase a shareholder's stock on death, termination of employment, disability, etc. (additional legal work required - please contact attorney):

yes  no

28. Has the proprietor ever requested an Employer Identification Number (Federal Tax I.D. Number) previously?

yes, provide details:

no

29. Has the business of the corporation to be formed been on-going, or is this a new operation?

On-going operations, provide details:

New operation.

30. Have your prior business operations (if any) been conducted under an Employer Identification Number (Federal Tax I.D. Number).

Yes, provide details:

No.

31. Other important factors particular to this business:

Date Signed: \_\_\_\_\_ Organizer: \_\_\_\_\_  
(Signature)

Please return to:

The Lebrecht Group, APLC  
Facsimile (949) 635-1244  
Phone (949) 635-1240  
Attn: