

HOWARD COUNTY INFORMATION SHEET
CORPORATION

FORM A

1. CORPORATE NAME: _____
2. CORPORATE ADDRESS: _____
3. PRINCIPAL BUSINESS OFFICE ADDRESS: _____

- TELEPHONE: (WORK) _____ (CELL) _____
- FAX: _____ EMAIL: _____
4. NAME AND ADDRESS OF RESIDENT AGENT: _____

5. DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____
6. IF INCORPORATED IN ANOTHER STATE, IS CORPORATION REGISTERED AND QUALIFIED TO DO BUSINESS IN THE STATE OF MARYLAND? YES _____ NO _____
7. IS CORPORATION IN GOOD STANDING WITH THE STATE OF MARYLAND? YES ___ NO _____
8. IS THIS A CLOSE CORPORATION? YES _____ NO _____
9. MD STATE ASSESSMENT REGISTRATION NO.: _____
10. TAXPAYER IDENTIFICATION NUMBER: _____

Legal documents must be executed by the Corporate President or Vice President and the signature must be ATTESTED, not witnessed, by the Corporate Secretary or Assistant Secretary except in the case of a close corporation in which the signature may be witnessed. If someone other than the President or Vice President executes, the documents must be accompanied by a copy of Corporate By-Laws or Corporate Resolution indicating authority of individual to bind corporation.

11. NAMES AND ADDRESSES OF ALL CURRENT OFFICERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____
12. NAMES AND ADDRESSES OF ALL CURRENT DIRECTORS (ATTACH ADDITIONAL PAGES, IF NECESSARY):
NAME: _____ TITLE: _____
ADDRESS: _____
NAME: _____ TITLE: _____
ADDRESS: _____

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Authorized Signature) (Date)

(Type or Print Name) (Title)