**HOWARD COUNTY INFORMATION SHEET FORM A**

 **CORPORATION**

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)