

Date: _____

INCORPORATION CHECKLIST

1. Name of Corporation: _____

a. Alternative choices: _____

b. Should name protection steps be taken? _____

c. Will any assumed name(s) be used? _____

d. Alternate choices: _____

2. Authorized Capital:

a. Number of shares/Stated value

(i) Common

(ii) Preferred

(Note: total number of shares should be 60,000 or less to avoid additional franchise fee)

b. Filing/Franchise fee to State of Michigan: \$60.00 minimum

3. Name of Resident Agent: _____

4. Address of Registered Office: _____

a. Mailing address, if different: _____

5. Name and address of Incorporator(s): _____

6. Number and names of Director(s): _____

7. Names of officers:

- a. President: _____
- b. Secretary: _____
- c. Treasurer: _____
- d. Other: _____

8. Fiscal year-end: _____

9. Date of Annual Meeting of Shareholders: _____
 (e.g., first Tuesday in March)

10. Subscribers for stock:
 (Provide full legal name and jurisdiction of incorporation/registration if subscriber is a corporation or partnership)

<u>Name and Address</u>	<u>Shares to Be Issued</u>	<u>% of Outstanding</u>	<u>Amount and Nature of Consideration</u>
TOTALS:	_____ _____	_____ _____	_____ _____

11. Information regarding other matters for approval by first Board of Directors:

- a. Lease _____
- b. Loan _____
- c. Employment Contracts _____
- d. Bank Account Resolutions _____
- e. Other _____

12. Additional information needed for application for employer identification number (Form SS-4):

- a. Address of principal place of business: _____

- b. Mailing Address: _____
- c. Name of principal officer/title: _____
- d. Accounting year (same as Fiscal year, see item 8 above): _____

- e. County of business location: _____
- f. Date of business started (date of incorporation typically): _____

- g. Date of first wages: _____
—
- h. Nature of business (principal activity or service, manufacturing or other, and to whom will products be sold): _____

- i. If manufacturing, principal product and raw material used: _____

- j. Expected peak number of employees in the next 12 months: _____

- k. Telephone number: _____

13. Additional information needed if attorney completes other tax forms for filing: See sample copy of Form C-3400, Michigan Department of Treasury Application for Registration.

14. Subchapter S Election: Yes/No

- a. Date corporation first had assets: _____
- b. Date corporation began conducting business: _____
- c. Shareholder information:

<u>Name</u>	<u>S.S. Number</u>	<u>IRS Center Where Individual Filed Return</u>	<u>Tax Year Ending</u>
-------------	--------------------	---	----------------------------

15. Name, address, phone number of Accountant: _____

16. Name, address, phone number of principal bank, name of contact person: _____

17. Proposed business activities requiring special registration or licensing? _____

18. Restrictions on transferability of shares desired/Stock Purchase Agreement:

a. Description of general restrictions/transfer/purchase options: _____

b. Events of mandatory redemption/cross-purchase: _____

c. Proposed source of funds for purchasing (i.e., personal funds/insurance funding):

d. Proposed transfer of shares upon death of shareholder: _____
