



**INCORPORATION QUESTIONNAIRE**

***Cutler Law Group***

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The following questionnaire will serve as a checklist in connection with the organization of a corporation and related documentation.

1. Name of Corporation: \_\_\_\_\_

2. Location (address) and telephone number of organizer of corporation:

( ) \_\_\_\_\_

3. Name of Corporation:

First choice: \_\_\_\_\_

Alternate: \_\_\_\_\_

4. State of incorporation: TX  NV  DE  Other

5. Incorporator: \_\_\_\_\_

6. Purpose (general purpose clause recommended).

General  Other  Detail: \_\_\_\_\_

7. Corporation Type: For Profit Corporation  Professional Corporation

8. Primary Business Activity:

9. Principal Clients: Other business  Public  Other

10. Address of Corporation's Principal Office (if different from Franchise address):

Same as above  Other

11. Mailing address if different from above:

Same as above  Other

12. Number of shares to be authorized (1,000,000 or more authorized recommended for non-public corporation; 100,000,000 common and 20,000,000 preferred recommended for public corporation):

1,000,000  100,000,000 + 20,000,000  Other  \_\_\_\_\_

13. "S" Election: Yes  No

14. Registered agent and registered address (this is the person who receives service of process against the Corporation; the registered agent is normally a responsible corporation officer; P.O. Box address is not acceptable):

Same as corporation's address  Other

15. Number of Directors (only one required by law; best to have an odd number of directors if more than one):

One  Other (detail)

16. Name(s) and Address(es) of initial Director(s):

Organizer of Corporation  Others

17. Are preemptive rights to be granted (i.e., the right of a shareholder to maintain his or her percentage of stock ownership being entitled to subscribe to future stock issuances -probably not applicable to the typical small business corporation)?

Yes  No

18. 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  \_\_\_\_\_

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

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

Secretary:

Chief Financial Officer:

(Other officers - only above are required):

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

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

If checked "other", reason: \_\_\_\_\_

21. First date wages or annuities will be paid (Month, Day, Year). If the applicant does not expect to have any employees during the period, enter "0". \_\_\_\_\_

22. Is this the continuation of, or successor to, another business:

No  Yes  Period of existence of predecessor: \_\_\_\_\_

23. Enter highest number of employees expected in the next 12 months. If the applicant does not expect to have any employees during the period, enter "0". \_\_\_\_\_

24. Stockholders	SSN	# of Shares	Consideration
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			

25. Spouse's Name SSN

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

26. Purchase Price per Share ( Not applicable)
- (a)
  - (b)
  - (c)
  - (d)
  - (e)
  - (f)
27. 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
28. Will the corporation transact business under a trade or fictitious name? If so, specify the name:
29. 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
30. Has the proprietor ever requested an Employer Identification Number previously?
- No  Yes  If yes, provide: Other EIN \_\_\_\_\_  
Date of Application \_\_\_\_\_
31. Other important factors particular to this business:

Date Signed: \_\_\_\_\_ Organizer: \_\_\_\_\_

(Signature)

Please return to:

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