



**COMPANY QUESTIONNAIRE**

Please complete the following information to the best of your abilities to help us determine what level of services we able to provide for your Company. Based on your responses and needs we will be able to determine a Transfer Agent Agreement suited for your Company’s needs.

**A. Company Information (complete appendix I for predecessor(s) in applicable):**

Company Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Date of Formation: \_\_\_\_\_

Is the company or its predecessor(s) ever been considered a “shell” company as defined in SEC Rule 144(i)(1) or Rule 12b-2?  Yes  No

Are the Company’s financials audited?  Yes  No

Is the Company setup on EDGAR?  Yes  No

**Address and Contact Information:**

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Designated Officers/Directors:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

<sup>i</sup> The term shell company means a registrant, other than an asset-back issuer as defined in Item 1101(b) of Regulation AB, that has: (1) No or nominal assets, (2) Assets consisting solely of cash and cash equivalents, or (3) Assets consisting of any amount of cash and cash equivalents and nominal assets. For our purposes, nominal assets may be considered to be a minimum of \$500,000, of which \$250,000 may be cash or cash equivalents.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Is anyone associated with your company currently or previously been licensed by the Financial Industry Regulatory Authority (“FINRA”) f.k.a. National Association of Securities Dealers (“NASD”) or a Registered Investment Advisory? If yes, provide the name(s) of the firm(s) including the dates employed?

---

---

Have anyone associated with your company been the subject of a formal investigation by the Securities and Exchange Commission (“SEC”), FINRA f.k.a NASD, state securities regulatory authorities, state insurance departments or other regulatory bodies or have been involved in a violation of its rules (other than a violation designated as “minor rule violation” under a plan approved by the SEC)?  No  Yes, please describe.

---

---

**Number of Employees:**

Total: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Does the company have an employee stock option or incentive plan?  Yes  No

Does the company have a 10b-5 program?  Yes  No

**Legal Counsel (Name and Contact Information):**

---

---

**B. Company Stock Information:**

Has the Company filed a registration statement?  Yes  No

SEC Reporting Status  SEC Reporting Company  
 Non-Reporting Company

DTC Eligibility Status:  DTC eligible  
 Not DTC eligible

Trading Status:  OTCBB and/or any other national stock exchange  
 Pink Sheets  
 None

Par Value: \_\_\_\_\_

CUSIP: \_\_\_\_\_

Authorized Shares (include all classes): \_\_\_\_\_

Issued and Outstanding (all classes): \_\_\_\_\_

Number of Shareholders: \_\_\_\_\_

Outstanding Convertible Debt:  Yes  No

Has the company conducted any securities offerings within the past two (2) years?  
 Yes  No

Does the company anticipate on conducting any securities offerings within the next year?  
 Yes  No

Does the company anticipate on any <sup>ii</sup>reorganization activities within the next year?  
 Yes  No

**C. Current and Previous Transfer Agent(s):**

We do not currently have or previously have had an outside transfer agent.

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

---

<sup>ii</sup> Reorganization activities include mergers and acquisitions, business combinations, name changes, cusip changes, or primary exchange listing.

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Please provide the best contact concerning any questions about the responses to this form.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact: \_\_\_\_\_  Anytime

Relationship to Company if not listed as an Officer or Director? \_\_\_\_\_

**PLEASE RETURN BY FAX TO (619) 325-4578**

APPENDIX I

**Complete the information for any and all previous companies that comprise the current company.**

**Predecessor Company Information**

Company Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Reorganization Date: \_\_\_\_\_ Type:  Merger or Acquisition  
 Name Change  
 Other: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Predecessor Company Information**

Company Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Reorganization Date: \_\_\_\_\_ Type:  Merger or Acquisition  
 Name Change  
 Other: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_