

ANNUAL REPORT WORKSHEET

Company Name:
File Number:
Record ID Number (if known):

Instructions: Complete this worksheet in full and return to our office for processing.

Principal Place of Business: Street address where company is physically located

1. _____

Directors: Name and street address for ALL Directors (attach a separate sheet if necessary)

1. _____
2. _____
3. _____
4. _____
5. _____

Officer: Name and street address for only one Officer

1. _____

Title (check one): President Vice President Secretary Treasurer CEO CFO

Authorization:

I authorize Harvard Business Services, Inc. to complete my electronic filing. I understand that if I owe additional amounts or did not fully complete this form, I will be contacted for payment and information before submitting my annual Franchise Tax report. I also agree to Section 502b of the Delaware State Code which states, "If any officer or director of a corporation required to make an annual Franchise Tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury." A service processing fee of \$10 will be charged to all refund requests that have not yet been approved by the state of Delaware. Once an annual report filing has been approved by the state of Delaware, no fees can be returned.

Signature: _____

Print Name: _____

Title: Must be one of the persons listed above (check one):

President Vice President Secretary Treasurer CEO CFO Director

Return this completed worksheet via one of the following methods:

1. Fax to 302-645-1280
2. Email to payments@delawareinc.com
3. Mail to: Harvard Business Services, Inc., 16192 Coastal Highway, Lewes, DE 19958