

California Corporations Annual Order Form
Declaration of Directors and Officers
Compliance with Section 1502 of the California Corporations Code**2022**

See instructions on back

THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT

1. Corporation Name	2. Street Address of Principal Executive Office (Do not list PO Box)	3. Foreign Jurisdiction (only if formed outside of California)
<input type="checkbox"/> Address Change Do not list a P.O. Box	City State Zip	Service Process Fee \$243.00

Respond no later than
August 15, 2022▲ Please allow 4-6 weeks for
your order to be processed

California Corporations Code § 1502: Every domestic [and] foreign corporation registered to transact intrastate business in this state shall deliver to the Secretary of State for filing within 90 days after the filing of its original articles of incorporation or registering to transact intrastate business and annually thereafter during the applicable filing period. The appropriate filing period for a corporation is the calendar month during which its original articles were filed and the immediately preceding five calendar months. A corporation is required to file their Statement of Information even though it may not be actively engaged in business at the time their Statement is due. Changes to information contained in a previously filed Statement can be made by filing a new Statement of Information in its entirety.

Statutory filing provisions are found in **California Corporations Code Section 1502**, unless otherwise indicated. Failure to file the Statement of Information by the **DUE DATE** will result in the assessment of a **\$250.00 penalty** which will be assessed by the California Franchise Tax Board. (**Sections 2204 and 2206; California Revenue and Taxation Code section 19141.**)

4. Business Addresses

a. Mailing Address of Corporation, if different than field 2	City (no abbreviations)	State	Zip Code
b. Mailing Address of California Office, if different than item 4a (Do not list a PO Box)	City (no abbreviations)	State CA	Zip Code

5. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State Zip Code
b. Secretary First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State Zip Code
c. Chief Financial Officer First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State Zip Code

6. Director(s) At least one name and address must be listed. If the Corporation has additional directors, attach the name(s) and address on a separate sheet.

a. First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State Zip Code

7. Type of Business**BUSINESS SERVICES****8. Labor Judgement**☐ Yes ☐ No

Does any Officer or Director have an outstanding final judgment issued by the Division of Labor Standards Enforcement or court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?

9. Service of Process

Must provide either individual OR Corporation. Individuals (9a & 9b) provide full name and address. Corporations (9a) use name only.

a. California Agent's First Name (or Corporation Name)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter PO Box		City (no abbreviations)	State Zip Code

THIS IS NOT A BILL. THIS IS A SOLICITATION. YOU ARE UNDER NO OBLIGATION TO PAY THE AMOUNT STATED ABOVE UNLESS YOU ACCEPT THIS OFFER. Failure to comply with the necessary filing will cause the entity to be assessed penalties, fines and SUSPENSION. Should the entity become SUSPENDED, you will not have the right to conduct business and your entity could be taken, and could have many negative ramifications. CA B&P CODE SECTION 1502. In submitting this form you authorize and cause Corporate Processing Service to file your Statement of Information on your behalf. Under Penalty of Perjury, you declare you are authorized to sign this order form on behalf of the above organization and that you have examined this order form, including the accompanying schedules and attachments, and to the best of your knowledge it is true and correct.

Please
Sign
HereSignature of Director, Officer, or an authorized
company official

Date

(Type or print name of signer)

Title

Mail Form and \$243 check to:

CORPORATE PROCESSING SERVICE
836 57TH ST, SUITE 490
SACRAMENTO CA 95819-3327