

CLIENT NAME:

INCORPORATION & ORGANIZATION

INFORMATION SHEET

JURISDICTION: ONTARIO

PROPOSED CORPORATE NAME(S): _____

NATURE OF BUSINESS: _____
RESTRICTIONS ON BUSINESS: _____
REGISTERED HEAD OFFICE: _____

MAXIMUM AND MINIMUM
NUMBER OF DIRECTORS _____

FIRST DIRECTORS:

Full Name	Address
_____	_____
_____	_____
_____	_____

AUTHORIZED CAPITAL: _____

SPECIAL RIGHTS AND
RESTRICTIONS ON SHARES: _____

EXECUTION OF INSTRUMENTS: _____

OFFICERS:

Name	Position
_____	President
_____	Secretary-Treasurer
_____	Vice-President

SHAREHOLDERS:

Name	No. & Class of Shares	Consideration
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ACCOUNTANTS: _____

PROPOSED TRADE NAME(S): _____