This checklist is enclosed to assist you in preparing the annual report for your business corporation. Please take a few minutes and read the information provided. The Business Corporation Annual Report due date is based on the corporation’s fiscal year end. The annual report form is due by the 15th day of the 3rd month following the Business Corporation’s fiscal year end. The Annual Report fee is $20.00.

1. Each Business Corporation filing an annual report with the North Carolina Department of Revenue must provide the following information:
   A. NAME OF CORPORATION
   B. STATE OF INCORPORATION
   C. SECRETARY OF STATE CORP. ID NUMBER
   D. FEDERAL EMPLOYER ID NUMBER
   E. PRINCIPAL OFFICE TELEPHONE NUMBER

   THE ANNUAL REPORT FEE FOR THE TAX YEAR ENDING ON OR AFTER DECEMBER 31, 1997 IS $20.00. IF THE CORPORATION INFORMATION REQUIRED TO BE ENTERED IN ITEM 1 THROUGH ITEM 7 HAS NOT CHANGED SINCE THE MOST RECENTLY FILED ANNUAL REPORT, CHECK THE BOX ON THE PREVIOUS PAGE.

2. When changing the registered agent’s or the registered office’s mailing address information, indicate the change in Item 1. The name of the registered agent must be typed or printed. The registered office’s mailing address may be a Post Office Box. The registered agent’s mailing address must be a North Carolina address.

3. If the street address of the registered office has changed, indicate the change in Item 2. The street address of the registered office must be a STREET ADDRESS and not a POST OFFICE BOX ADDRESS. The street address of the registered office must be a North Carolina address.

4. If the registered agent has changed, the new registered agent MUST SIGN CONSENT to the appointment in the space provided. If the registered agent’s name has changed due to marriage, or by any other legal means, the corporation must indicate such change in the space provided and have the agent sign consent to the appointment under their new name. The registered agent must reside in North Carolina.

5. The principal office address should reveal the corporation’s physical location.

6. Enter the principal office telephone number in Item 5.

7. Every corporation must have at least one officer. Enter the complete name, title, and business address(es) of the principal officers in Item 6. Use a plain 8½ X 11 sheet of paper if more space is needed. If more space is needed, the additional sheet(s) must be attached to the annual report form.

8. Provide a brief description of the nature of your business in Item 7. EACH CORPORATION MUST PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF ITS BUSINESS BEFORE THE ANNUAL REPORT CAN BE FILED.

9. Check the Annual Report carefully to ensure all information required for filing has been provided. Only an officer listed on the report may sign. Complete the signature, date, typed or printed name and title in the space provided on the form to certify that the information is accurate and current.

For more information or assistance, please contact:

Secretary of State
Corporations Division
Post Office Box 29622

Visit us on the Internet at Web Site:
http://www.secretary.state.nc.us
Corporations blank forms are available on the Internet at the Secretary of State Web Site.
BUSINESS CORPORATION
ANNUAL REPORT

NAME OF CORPORATION:

STATE OF INCORPORATION: _______

SECRETARY OF STATE CORP. ID NUMBER: ________________
FISCAL YEAR ENDING: ________________________

M O N T H / D A Y / Y E A R

FEDERAL EMPLOYER ID NUMBER: _____-________________________

IF THIS IS THE INITIAL ANNUAL REPORT FILING, YOU MUST COMPLETE THE ENTIRE FORM. IF YOUR BUSINESS CORPORATION’S INFORMATION HAS NOT CHANGED SINCE THE PREVIOUS REPORT, PLEASE CHECK THE BOX AND COMPLETE LINE 8 ONLY.

1. REGISTERED AGENT & REGISTERED OFFICE MAILING ADDRESS:

2. STREET ADDRESS AND COUNTY OF REGISTERED OFFICE:

3. IF THE REGISTERED AGENT CHANGED, SIGNATURE OF THE NEW AGENT:

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

4. ENTER PRINCIPAL OFFICE ADDRESS HERE: ADDRESS-

CITY- ST- ZIP-

5. ENTER PRINCIPAL OFFICE TELEPHONE NUMBER HERE: __________________________
PLEAS INCLUDE AREA CODE

6. ENTER NAME, TITLE, AND BUSINESS ADDRESS OF PRINCIPAL OFFICERS HERE:

NAME- ADDRESS-
TITLE-
CITY- ST- ZIP-

NAME- ADDRESS-
TITLE-
CITY- ST- ZIP-

NAME- ADDRESS-
TITLE-
CITY- ST- ZIP-

7. BRIEFLY DESCRIBE THE NATURE OF BUSINESS:

8. CERTIFICATION OF ANNUAL REPORT MUST BE COMPLETED BY ALL CORPORATIONS

_________________________________________________________   _____________________________________
FORM MUST BE SIGNED BY AN OFFICER OF CORPORATION                     DATE
ANNUAL REPORT FEE: $20.00    MAIL TO: Secretary of State • Corporations Division • Post Office Box 29525 • Raleigh, NC 27626-0525