



SUMMARY OF PERSONNEL

TO: DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION

Date: _____

File No: _____

**Names of Personnel: Full first and middle name MUST be given.
 If no middle name, please so indicate.**

Attach a list if the exhibit space is insufficient.

<u>Officers</u>	<u>Name</u>	<u>Contact Address</u>
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Manager	_____	_____

Other Officers

<u>Titles</u>	<u>Name</u>
_____	_____
_____	_____

Stockholders and Percentage of Ownership for Each:

_____	_____	_____
_____	_____	_____

Directors

_____	_____	_____
_____	_____	_____

<u>Employees Name</u>	<u>Date of Hire</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above is certified to be true and correct as of the date shown.

 (Company)

By : _____

Title: _____

Note: This form should be completed and certified by an officer of the company and attached to the annual report to be filed with the Department of Financial Protection and Innovation or returned to our examiner if requested during a regulatory examination.

ATTACH ADDITIONAL SHEETS IF SPACE IS NOT SUFFICIENT

