

# Annual Corporate Review

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Please complete a separate checklist for each year in question.

Name of Corporation: \_\_\_\_\_

Fiscal Year Ending: \_\_\_\_\_

## GENERAL CORPORATE ACTIVITIES

1. Names of Directors: \_\_\_\_\_ Effective Date: \_\_\_\_\_


2. Names and Titles of Officers: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
(must provide at least President, Treasurer, and Secretary)


3. Compensation for Directors, if any:

Name:	Amount:	Effective Date:

4. Compensation for Officers, if any:

Name:	Amount:	Effective Date:

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5. Bonuses for Officers, if any:

Name	Amount:	Effective Date:

6. Has the Corporation sold or redeemed any stock? No Yes

a. If Yes, please describe:

Name:	Amount Paid :	Number of Shares:	Effective Date:

7. Has the corporation conducted any business in any state other than Pennsylvania (this does not include internet or mail orders): No Yes

a. If Yes, please describe:


8. Has the corporation opened any branch offices? No Yes

a. If Yes, please describe:


### FINANCIAL ACTIVITIES

9. Loans TO and FROM Shareholders, Directors, and Officers

Lender	Borrower	Amount	Date Made	Term

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10. Commercial Loans/Lines of Credit Opened?                      No                      Yes  
    a. If Yes, please attach a copy
11. New Bank Accounts Opened?                                      No                      Yes  
    a. If Yes, please attach a copy
12. Major Purchases of Assets Made?                              No                      Yes  
    a. If Yes, please attach a copy
13. Leases of Real Property?    No                      Yes  
    a. If Yes, please attach a copy

14. Has the Corporation declare and/or paid any dividends during the last year?

No                                      Yes

a. If Yes, please describe:

Date Dividend Declared	Date Paid	Amount per share	Reasons for Dividend

### PERSONNEL ACTIVITIES

15. Has the company hired or fired any management level employees?

No                                      Yes

a. If Yes, please describe:

Name	Action (Hired or Fired)	Title

16. Employee Benefit Plan Contributions Made?

No                                      Yes

a. If Yes, please attach a copy

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## Other Significant Events

Note: Significant events are activities that are not ordinarily conducted in the course of business. What is significant will depend on the nature of your company. When in doubt, please describe the event and we will determine if minutes and resolutions are needed.

17. Has the Corporation entered into any joint ventures or partnerships?

No                      Yes

a. If Yes, please describe:

Description	Effective Date:

18. Additional significant events?

Description	Effective Date:

After completing, please mail, fax, or email to:

McKee Law Office

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If you have any questions, please call or email anytime.