



OWNERSHIP DISCLOSURE FORM

FOR PUBLICLY TRADED COMPANIES

Check the appropriate boxes to designate the purpose of this application:

- Annual Reporting (as of December 31st - Due by February 15th of following year)
- Other Ownership Changes – Redistribution only among approved person(s)/entity(ies) with 5% or more interest.

SECTION I GENERAL INFORMATION

Licensed Entity Name _____
(ABC Manufacturing, Inc.)

Business Name/DBA _____

FEIN _____ Account ID Number _____

Mailing Address _____
Street, Suite No City State Zip

Compliance Contact(s) _____

Business Phone (____) _____ Cell Phone (____) _____

Fax (____) _____ Email _____

ATTORNEY INFORMATION

- Check this box and complete below information if you wish to have all correspondence sent to the attorney who submitted this application on your behalf.

Attorney Name _____ Business Phone (____) _____

Mailing Address _____
Street, Suite No City State Zip

Email Address _____

Total Stock (Licensed Entity Only) _____ Total Shares Issued _____

