

NEW YORK STATE DEPARTMENT OF LAW INVESTOR PROTECTION BUREAU 28 Liberty Street New York, NY 10005 212-416-8122 TDD (for hearing impaired) 1-800-788-9898 www.ag.ny.gov

REGISTRANT INFORMATION FORM

	Last Name		First Name		Middle Na	ne		
2.								
	Business Address	Street	City		State	Z	ip Code	;
3.	Place of Birth		4(a) Date of Birth	4(b) Business F	Phone			
5.	Name of Issuer:							
6.	Have you ever used If "Yes", please spec		by any other name?		Yes []	No []
7.	(10% or more) or in	which you held	y under your control or in which yo d a substantial equity or controlling , general partner, trustee or princip	g interest (10% or more) or of				
		convicted of ar sently pending:	y crime (other than minor traffic v	violations) or is any such	Yes []	No []
	discontinu a trade, oc any stipula by any cou	ance, suspensi- compation or pro- ation or consen	iny injunction, cease and desist ord on or restraining order, revocation ofession, denial of an application t t to desist from any act or practice ative agency, or is any action or p	of a license to practice o obtain or renew same, e, any disciplinary action	Yes []	No []
			for the benefit of creditors, been t g, reorganized in bankruptcy, or be		Yes []	No []
	(d) ever had a	judgment ente	red against you or have a judgeme	ent which is presently unsatisfied?	Yes []	No []
	(10% or more) or in y of which you were ar or administrative pro	which you held a officer, direct ceeding in whi	ader your control or in which you way a substantial equity or controlling or, general partner, trustee or princ ch it is alleged that you or it comm Act or any other securities law?	g interest (10% or more) or cipal, a party in any litigation	Yes []	No []
9.	proceeding, title and	location of pu	* 8 is "Yes" state full particulars, in blic authority, circumstances and f te response in an attached, sworn s	final disposition. If there				

10. List all professional, business or occupational licenses or registrations which you now hold, have held, or have applied for:

11. The following is my complete employment and business record including periods of self-employment and unemployment for the past five years:

From	То	Name and Address of Employer	Type of Business	Position Held	
<u>Mo.</u> <u>Yr.</u>	<u>Mo.</u> <u>Yr.</u>				

12. The following is a complete record of my business affiliations for the past five years, including all entities not listed in 11 above, under my control or in which I was a principal shareholder (10% or more) or in which I held a substantial equity or controlling interest (10% or more) or of which I was an officer, director, general partner, trustee or principal.

From	То	Name and Address of Entity	Type of Business	Position Held
<u>Mo. Yr.</u>	<u>Mo. Yr.</u>			

Date: _____ Signature: _____

STATE OF) : SS.: COUNTY OF)

, being duly sworn, deposes and says that I am the person described in and who signed the above registrant information form. I have read the questions and answers and information supplied, and they are true, accurate and complete.

Sworn to before me this

____ day of _____, 20____.

(Notary signature and legible official stamp)

(Signature of Affiant)