

CORPORATE COMPLIANCE CENTER ANNUAL MINUTES COMPLIANCE NOTICE

Entity File No.: 05526999 CCC File No. C11630351

3148677 ******AUTO**ALL FOR AADC 917 UNITED TRANSPORTATION UNION LOCAL XXX XXXXXXXXXXXXXXX 18-1 *05845 եվիկիովելեվկլինոկիրը||Ավհեկիլիկիի

PLEASE RETURN BY 5/31/23 TO ALLOW ADEQUATE PROCESSING TIME FOR YOUR **DOCUMENTS**

California Law Annual Minutes Requirements. CA Corp. Code sections 5510, 7110, Et. Seq. requires non-exempt California corporations to keep minutes of member, director and director committee proceedings

Consequence of Non-Compliance. Failure to comply with these statutes is a factor courts may consider that can result in personal liability of corporation members for corporation debts and obligations without limit to amount as a result of alter ego liability.

Complete and Return the Form Below so that CCC can prepare the documents to meet the terms of the Annual Minutes Requirements of CA Corp. Code §5510, 7110, Et. Seq.

Make Your Check for \$179.00 Payable to CCC. It is important we receive your response by 5/31/23 to ensure the timely preparation of your Annual Minutes. You should receive your Certificate of Minutes within 3 weeks of sending your form.

(916) 480-9006 * Return this fo	rm with your	check and mail to	us in the enc	losed enve	lope.*
BUSINESS INFORMATION					ARY (PRINT OR TYPE))
Business Name & Principal Office Street Address UNITED TRANSPORTATION UNION LOCAL XXXX *********************************		City xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		State Zip Code xxx	
Person To Contact E-mail		Telephone (Wi	Telephone (With Area Code)		
OFFICERS - NAMES OF ALL OFFICERS, INCLUDING OFFICERS WHO ARE DIRECTORS		DIRECTORS – NAMES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE OFFICERS			
PRESIDENT / CEO (Required Position)		DIRECTOR #1 NAME (Required Position)			
VICE-PRESIDENT (Optional Position)		DIRECTOR #2 NAME (Required if there are 2 Shareholders)			
SECRETARY (Required Position)		DIRECTOR #3 NAME (Required if 3 or more Shareholders)			
TREASURER / CFO (Required Position)		DIRECTOR #4 NAME (Optional Position)			
PURPOSE (Check Only One) Public or Charitable Purpose [] Any lawful mutual benefit purpose []		DIRECTOR #5 NAME (Optional Position)			
MEMBERS (Check Only One) This Corporation Has No Members [] The Articles/Bylaws Provide [] For Members		DIRECTOR #6 NAME (Optional Position)			
PLEASE RETURN BY 5/31/23 TO ALLOW ADEQUATE PROCESSING TIME FOR YOUR DOCUMENTS		If additional space is needed for director names, please attach a separate sheet of paper.			
☐ CHECK ENCLOSED FOR \$179.00 MADE PAYABLE TO CORPORATE COMPLIANCE CENTER			☐ CHARGE MY CREDIT CARD \$179.00		
Credit Card Type □ VISA □ MASTERCARD □ DISCOVER	Credit Card Nu	umber Expiration Date			
Cardholder Name As it appears on card:	•		CCV VISA/MASTER	CARD/DISCOVER 3 D	IGIT CODE ON BACK OF CARD
Billing Address On Card Account:			,		
l authorize Corporate Compliance Center to charge my card the amount listed at the right. The charge will appear on statement as			s Inc. Credit Card Payment Amount \$179.00		
Signature		Date		C.1	1630351

THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT.

RETURN THIS FORM NO LATER THAN 5/31/23 TO ENSURE TIME FOR PROCESSING OF YOUR DOCUMENTS. CORPORATE ©2023 Corporate Compliance Center COMPLIANCE CENTER, 2740 FULTON AVE, SUITE 203, SACRAMENTO, CA 95821 (916) 480-9006