



APPLICATION FOR REGISTRATION AS A PROFESSIONAL CORPORATION

(Registration must be issued annually)

\$25.00 Registration Fee
FEES ARE NOT REFUNDABLE

Check here if this is the first filing for a new professional corporation

Name of Corporation _____
(must be the exact name as reserved or filed with the Secretary of State)

Principal Place of Business: _____
Street Address City State Zip

Practice of: _____
(Please name profession in which corporation is engaged)

Telephone Number : (_____) _____

OFFICERS OF CORPORATION

This section must be completed. All officers of the corporation except secretary and assistant secretary must be licensed in Nebraska to render the professional service for which the professional corporation is organized.

President (Full Name & License #) _____ Residence - Street Address, City, State, Zip

Vice-President (Full Name & License #) _____ Residence - Street Address, City, State, Zip

Secretary (Full Name & License #) _____ Residence - Street Address, City, State, Zip

Asst. Secretary (Full Name & License #) _____ Residence - Street Address, City, State, Zip

Treasurer (Full Name & License #) _____ Residence - Street Address, City, State, Zip

DIRECTORS

This section must be completed. All directors must be licensed in Nebraska to practice in the profession for which the corporation was organized. (Use additional sheets if needed)

Full Name & License # (if applicable) _____ Residence - Street Address, City, State, Zip

Full Name & License # (if applicable) _____ Residence - Street Address, City, State, Zip

Full Name & License # (if applicable) _____ Residence - Street Address, City, State, Zip

Full Name & License # (if applicable) _____ Residence - Street Address, City, State, Zip

SHAREHOLDERS

This section must be completed. All shareholders must be licensed in Nebraska to practice in the profession for which the corporation was organized. (Use additional sheets if needed)

Full Name & License # (if applicable)

Residence - Street Address, City, State, Zip

Full Name & License # (if applicable)

Residence - Street Address, City, State, Zip

Full Name & License # (if applicable)

Residence - Street Address, City, State, Zip

Full Name & License # (if applicable)

Residence - Street Address, City, State, Zip

PROFESSIONAL EMPLOYEES

Professional employees must be licensed in Nebraska to practice the profession for which the corporation was organized, or, in a profession that is ancillary to such profession. List all employees of the corporation who are required by the State of Nebraska to be licensed. Do Not list officers, directors or shareholders. (Use additional sheets if needed)

Full Name & License # (if applicable)

Residence - Street Address, City, State, Zip

Full Name & License # (if applicable)

Residence - Street Address, City, State, Zip

Full Name & License # (if applicable)

Residence - Street Address, City, State, Zip

Full Name & License # (if applicable)

Residence - Street Address, City, State, Zip

Submission of this Application for Registration as a Professional Corporation verifies that all statements and information provided herein are true and correct and may be used as necessary by the Nebraska Real Estate Commission if furtherance of assuring compliance with the laws it regulates.

DATE _____

SIGNATURE OF OFFICER: _____

NAME & TITLE OF OFFICER: _____

Please Print or Type

CREDIT CARD PAYMENT OPTION: REMINDER - FEES ARE NOT REFUNDABLE

(Please note: debit cards are not accepted)

_____ Please charge my credit card for only this transaction. _____ VISA _____ MasterCard _____ Discover

Credit Card Number _____

Card Expiration Date: Month _____ Year _____

Cardmember's Signature _____