



Law Corp Special Report Supplement – Attachment D

Application #: _____

Complete Name of Law Corporation: _____

1) SHAREHOLDERS

Have there been any unreported changes in Shareholders since the submission of your last report? Yes No

If Yes, indicate change(s) and effective date(s) below. Attach additional sheets if necessary.

Additional Sheets are attached

| Check One | | Name of Shareholder | Jurisdiction(s) in Which Admitted to Practice | Attorney License/ Member Number | Effective Date of Change |
|--------------------------|--------------------------|---------------------|---|---------------------------------|--------------------------|
| Add | Omit | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |

2) DIRECTORS

Have there been any unreported changes in Directors since the submission of your last report? Yes No

(Note: All Directors of the Law Corporation must be shareholders. See California Corporations Code §13403)

If Yes, indicate change(s) and effective date(s) below. Attach additional sheets if necessary.

Additional Sheets are attached

| Check One | | Name of Director | Jurisdiction(s) in Which Admitted to Practice | Attorney License/ Member Number | Effective Date of Change |
|--------------------------|--------------------------|------------------|---|---------------------------------|--------------------------|
| Add | Omit | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |

3) OFFICERS

Have there been any unreported changes in Officers since the submission of your last report? Yes No

(Note: In a law corporation with more than one shareholder, all officers must also be shareholders. See California Corporations Code §13403)

If Yes, indicate change(s) and effective date(s) below. If omitting, must provide replacement info. Attach additional sheets if necessary.

Additional Sheets are attached

| Check One | | Name of Officer | Office Held (Pres., Treas., Sec.) | Jurisdiction(s) in Which Admitted to Practice | Attorney License/ Member Number | Effective Date of Change |
|--------------------------|--------------------------|-----------------|-----------------------------------|---|---------------------------------|--------------------------|
| Add | Omit | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

4) ATTORNEY EMPLOYEES

Have there been any unreported changes in Employees since the submission of your last report? Yes No

If Yes, indicate change(s) and effective date(s) below. Attach additional sheets if necessary.

Additional Sheets are attached

| Check One | | Name of Employee | Jurisdiction(s) in Which Admitted to Practice | Attorney License/ Member Number | Effective Date of Change |
|--------------------------|--------------------------|------------------|---|---------------------------------|--------------------------|
| Add | Omit | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |