

THE STATE BAR OF CALIFORNIA LAW CORPORATION 180 Howard Street · San Francisco, CA 94105-1617 (888) 800-3400 · <u>lawcorp@calbar.ca.gov</u>

FOR O	FFICIAL	STATE	BAR U	SE ONLY
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Law Corp Special Report Supplement – Attachment D

Application #:	

Col	mplete	Nam	e of Law Corporation:							
)	SHAR	AREHOLDERS ————————————————————————————————————								
•	Have t	here be	been any unreported changes in Shareholders since the submission of your last report? Yes \(\simega \) No \(\simega \)							
			ate change(s) and effective date(s) below. Attach additional sheets if necessary.							
			Sheets are attached	()			,			
	Check One Add Omit Name of Shareholder					Attorney License/ Member Number	Effective Date			
	Auu	Onnic	Name of Sharehold	ei T		to Fractice	Weiliber Nulliber	of Change		
)	DIREC									
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,	indicat	te change(s) and effective	date(s) belo	ow. A	ttach additional sheets if r	necessary.			
	☐ Add	ditional	Sheets are attached							
	Checl Add	k One Omit	Name of Director			Jurisdiction(s) in Which Admitted to Practice	Attorney License/ Member Number	Effective Date of Change		
)	OFFIC	FRS								
,	Have there been any unreported changes in Officers since the submission of your last report? (Note: In a law corporation with more than one shareholder, all officers must also be shareholders. See California Corporations Code §13403)									
	If Yes,	indicat	te change(s) and effective	date(s) belo	ow. If	omitting, must provide rep	lacement info. Attach additi	onal sheets if necessa		
	☐ Add	ditional	Sheets are attached							
	Checl Add	k One Omit	Name of Officer	Office He (Pres., Treas., Se		Jurisdiction(s) in Which Admitted to Practice	Attorney License/ Member Number	Effective Date of Change		
)	ATTORNEY EMPLOYEES									
	Have t	here be	een any unreported chang	ges in Emplo	yees	since the submission of y	our 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 Add Omit Name of Employee		Jurisdiction(s) in Which Admitted to Practice		Attorney License/ Member Number	Effective Date of Change				
			•				•			