

# **ERSOP<sup>R</sup> Plan: Annual Admin Profile Update**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_, Zip \_\_\_\_\_ County \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_, Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number: (    ) - \_\_\_\_\_

Fax Number: (    ) - \_\_\_\_\_

Cell Phone: (    ) - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

CPA: \_\_\_\_\_

(    ) - \_\_\_\_\_

Attorney: \_\_\_\_\_

(    ) - \_\_\_\_\_

Corporate EIN #: \_\_\_\_\_ - \_\_\_\_\_

Trust EIN #: \_\_\_\_\_ - \_\_\_\_\_

Incorporation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Franchise: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Corporate Officers: \_\_\_\_\_

\_\_\_\_\_

Plan Trustees: \_\_\_\_\_

\_\_\_\_\_

Bond Amount: \_\_\_\_\_  
(if any)

Bond Company: \_\_\_\_\_