

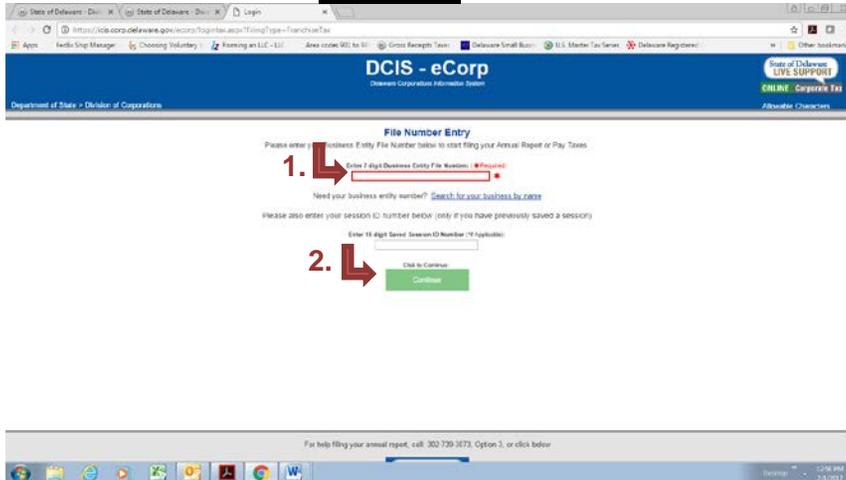
# How to file your Annual Report and pay your Franchise Taxes

## Step 1:



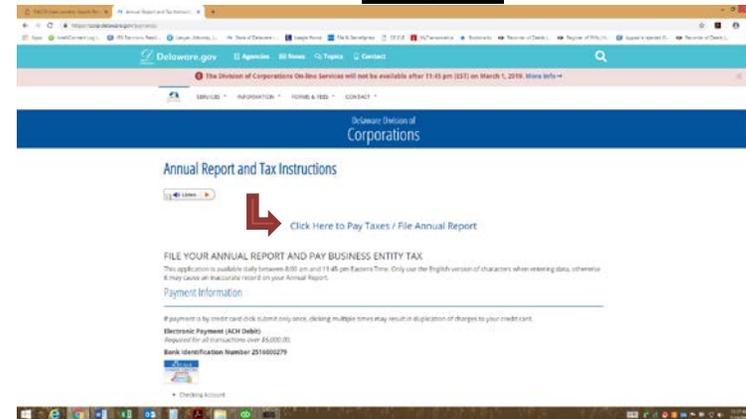
First go to [www.corp.delaware.gov](http://www.corp.delaware.gov). Then click on File Annual Report.

## Step 3:



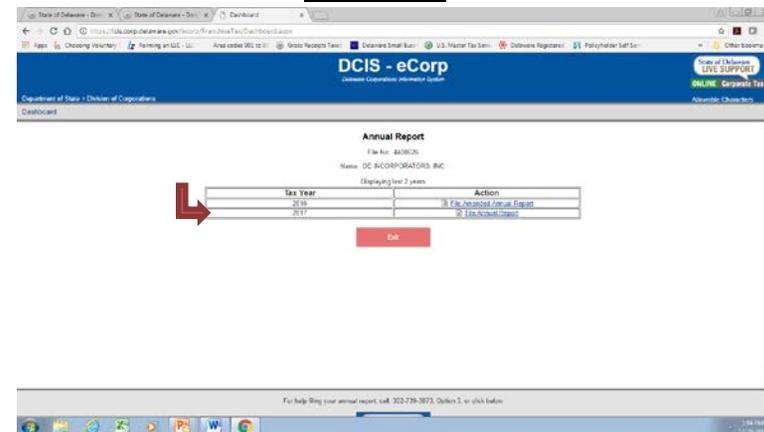
Enter your company file number and click continue. Or if previously started a session, enter the Saved Session ID # & click continue

## Step 2:



Click on Click Here to Pay Taxes/File Annual Report

## Step 4:



Click on your **2023 File Annual Report** (current year taxes that are due) to file this year's report and pay the franchise taxes.

The only time you would have to click on the 2022 (or previous year annual report) would be if there was a mistake, you had to make some type of changes to it or it had not been paid previously.

## Step 5:

2016 Annual Franchise Tax Report

Penalty and interest will be charged if completed after March 1st.

File Number: 000000 Agent Number: 9049356 Franchise Tax: \$175.00  
 Corporation Name: DE INCORPORATORS, INC. Agent Name: DELAWARE REGISTERED AGENTS AND INCORPORATORS, L.L.C. Penalty: \$0.00  
 Federal Employer ID: Address: 15 KRIS CT 1.5% Monthly Interest: \$0.00  
 Incorporation Date: 09/11/2007 City: NEWARK Annual Filing Fee: \$50.00  
 State: DE Previous Credit/Balances: \$0.00  
 Zip Code: 19702 Prepaid Quarterly Payments: \$0.00  
 Amount Due: \$225.00

Required Fields \*

| Begin Date | End Date | Designation/Stock Class | Stock Details | No. Of Shares | Par Value/Share |
|------------|----------|-------------------------|---------------|---------------|-----------------|
| 01/01/2007 |          | COMMON                  |               | 1,000         | \$180.000000    |

End Date of Fiscal Year: 12/31/2016  
 Dates of Inactivity: Add

1. Double check that the stock information is correct. If you need to add or change the stock information a recalculate tax button with display to recalculate the tax amount owed.
2. Enter the end date of the fiscal year.
3. Dates of Inactivity: If there was any time throughout the year the company was inactive please add the date span in.

## Step 7:

Account Name: Personal Checking  
 Billing Method: Credit Card  
 Billing Address: 15 KRIS CT, NEWARK, DE 19702

Account Information and Billing Address  
 Card Number: 1234 5678 9010 1111  
 Cardholder Name: J. Doe  
 Exp. Date: 12/31/2016

State: Select State  
 Country: UNITED STATES

Payment Method: Credit Card  
 Payment Amount: \$225.00

Pay

Payment screen just click on how you would like to pay and fill out the information. Once you hit submit only hit it once and wait a few minutes, it will bring you to a page where you can print or email yourself a confirmation.

## Step 6:

Principal Place of Business

Street Address (Do not use P.O. Box)  
 City  
 State  
 Zip Code  
 Country  
 Phone/Ext.  
 E-Mail Address

Officer Information

If the corporation has no officers check here

First Name  
 Middle Name  
 Last Name  
 Title  
 Non-US Address  
 Street Address (Do not use P.O. Box)  
 City  
 State  
 Zip Code  
 Country

Directors Information

Title 8 Chapter 5 § 502(a)(4) states that the Annual Report must contain "The names and addresses of all the directors as of the filing date of the report."

Enter Total Number of Directors: 0  
 Enter Directors Info or Browse for PDF Upload PDF  
 File size should not exceed 4 MB

Terms & Conditions

Authorization

NOTICE: Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."  
 I certify that I have read the Terms and Conditions

| Date       | First Name | Middle Name | Last Name | Title | Non-US Address | Street Address (Do not use P.O. Box) | City | State        | Zip Code | Country       |
|------------|------------|-------------|-----------|-------|----------------|--------------------------------------|------|--------------|----------|---------------|
| 02/01/2017 |            |             |           |       |                |                                      |      | Select State |          | UNITED STATES |

Save and Exit Continue Filing

1. Principal Place of Business: is the address information where the actual company is located.
2. Officer Information: Please fill out the officer information if there are no officers please click the box right under it that states no officer.
3. Directors Information: Please enter the number of directors in the box. Then click on Enter Directors Info tab and a box will appear.
4. Enter Directors Info: Please enter Name, Address, and Country for each director listed.
5. Terms & Conditions: Please check the box that you understand the terms & conditions. Then enter today's date, your name and address information.