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Preliminary Fact Finder

Corporate Capital Resources, LLC

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Preliminary Analysis Questionnaire Corporate Financial Strategy Review

All information to be set forth in this questionnaire will be kept confidential. If the question is unclear or the data is not available, please estimate (indicating "est.") or leave blank. We will undoubtedly need to clarify a few points, so estimates are a good starting point.

Date: _____

Analysis Needed By (date): _____

Contact Person: _____

Company: _____

Address: _____

Locations in Other States: _____

Telephone: _____; **FAX:** _____

Brief Description of Objectives (Create Market for Stock, Create Transition Strategy for Key Stockholders, ESOP, Management LBO, Retention of Key Executives, etc.):

EMPLOYEE AND BENEFIT PLAN DATA

Number of Employees:

T o t a l: **Non-Union:**_____; **Union:** _____

Total Number Working Less Than 1,000 Hours Annually:

Non-Union:_____; **Union:** _____

Number of Employees - Breakdown by Division:

Division 1: **Non-Union:**_____; **Union:** _____

Division 2: **Non-Union:**_____; **Union:** _____

Division 3: **Non-Union:**_____; **Union:** _____

Are All Employees To Be Covered by the ESOP/Benefit Plan? _____

Total Payroll: **Non-Union:**_____; **Union:** _____

Total Compensation for Individuals Earning over \$80,000: _____

Type(s) of Existing Profit-Sharing/Benefit Plan(s) (401k, Cafeteria Plan, etc.):

Amount of Current Annual Plan Contribution: _____

Amount of Employee Contributions/Deferrals: _____

Current Plan Assets Due to Employer Contributions: _____

Do Employees Direct the Choice of Investments in Their Plan?: _____

(If there is more than one plan, please provide the above information on a separate page.)

CORPORATE FINANCIAL DATA

Type of Company (“C”, Sub-S, Partnership, etc.): _____

If Sub-S, Date of Election:_____; **Date Company Established:** _____

Primary Business Lines: _____

Fiscal Year End: _____; Long Term Debt? Terms?: _____

Gross Sales in Past Fiscal Year: _____; Sales This Year: _____

Last Year's Earnings Before Taxes (EBT): _____

Current Expected EBT: _____; Projected Rate of Growth: _____

Total Income Taxes Paid Last Year: _____; Estimated This Year: _____

Appraised Value? _____; By Whom? _____; When? _____

For What Purpose? _____; Buy-Sell Price Agreement? _____

Current Retained Earnings in Excess of Bonding or Working Capital Needs: _____

Any NOL Carry-Forward Tax Credits Present or Projected? _____

Current Line of Credit (Used/Available): _____

Federal and State Corporate Tax Rate: _____; Book Value: _____

SHAREHOLDER EQUITY

Number and Classes of Shares Issued and Outstanding: _____

Number of Shares Owned by Individuals (or by groups if there are many)

1: _____; Currently Employed by Company? _____

2: _____; Currently Employed by Company? _____

3: _____; Currently Employed by Company? _____

4: _____; Currently Employed by Company? _____

5: _____; Currently Employed by Company? _____

6: _____; Currently Employed by Company? _____

Others 7: _____; Currently Employed by Company? _____

Terms of any Restricted Shares: _____

Is the Cost Basis in Any of the Above Shares Close to Current Estimated Value? If So, Please Indicate for Whom and the Approximate Basis:

If Stock Sale is Under Consideration:

Who? _____; **When?** _____; **How Much?** _____

Who? _____; **When?** _____; **How Much?** _____

Is Insurance in Place on Key Executives? _____

What Total Premiums are Currently Required? _____

How is the Insurance Coverage Structured (Buy-Sell, Key Man, Cross Purchase, Corporately Owned, Split Dollar, etc.)?

Other Comments (Near Term Business Outlook, Opportunities, Unusual Problems, e.g. Old "E&P" on balance sheet, etc.):
