

STATE OF DELAWARE  
DIVISION OF REVENUE  
APPLICATION FOR EXEMPTION FROM CORPORATION INCOME TAX  
SECTION 1902(b)(8) HOLDING COMPANIES

**PART 1**

Name of Applicant

Address

Zip Code

Delaware Address if Different from Above

Zip Code

Date and State of Incorporation

Federal Employer Identification Number

Nature of Business

**PART 2**

Name and address of Delaware employees. (If additional space is needed, attach list.)

**Name**

**Address**

**PART 3**

Name and address of persons (individuals, corporations, etc.) owning more than 10% of the stock of corporation.  
(If additional space is needed, attach list.)

**Name**

**Address**

**PART 4**

Describe in detail below your operations in Delaware and list each type of intangible investment owned and all sources of income. RECITING THE STATUTE DOES NOT CONSTITUTE AN ANSWER.  
(If additional space is needed, please provide attachments.)

1. Will the corporation act as a general partner in a partnership?  YES  NO  
If yes, please describe the activities of the partnership.

2. Will the corporation participate in a joint venture?  YES  NO  
If yes, please describe the activities of the joint venture.

3. Will the corporation receive income from patents, royalties, copyrights, know-how, etc.?  YES  NO  
If yes, please describe any services which will be performed by the corporation with regard to such intangibles.

4. Will the corporation engage in business outside of Delaware?  YES  NO  
If yes, please describe the activities.

Signature and Title

Date

RETURN TO: STATE OF DELAWARE, DIVISION OF REVENUE, 820 N. FRENCH STREET, WILMINGTON, DELAWARE 19801 ATTN: CONFEE

