

NY Form CI-1**COMMODITY INFORMATION SHEET**

(1/87)

TO: ATTORNEY GENERAL OF THE STATE OF NEW YORK
BUREAU OF INVESTOR PROTECTION AND SECURITIES

1. _____

Last Name First Name Middle Name

2. _____

Residence Address State City Zip Code

3. (a) _____ (b) _____

Residence Phone Business Phone

4. (a) _____ (b) _____

Place of Birth Date of Birth

5. _____

Social Security Number

6. Name of Registrant: _____

7. Have you or has any business entity under your control or in which you were a principal shareholder (10% or more) or in which you held a substantial equity or controlling interest (10% or more) or of which you were an officer, director, general partner, trustee or principal, manager, supervisor:

a) ever used or been known by any other name? Yes () No ()

b) ever been convicted of any crime (other than minor traffic violations) Yes () No ()

c) ever been the subject of any injunction, cease and desist order, assurance of discontinuance, suspension or restraining order, revocation of a license to practice a trade, occupation or profession, denial of an application to obtain or renew same, any stipulation or consent to desist from any act or practice, any disciplinary action by any court or administrative agency, or is any action or proceeding seeking such relief presently pending? Yes () No ()

d) ever made an assignment for the benefit of creditors, been the subject of a receivership or bankruptcy proceeding, reorganized in bankruptcy, or been adjudged a bankrupt? Yes () No ()

