

APR 2 9 1999

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FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

PLEASE PLAIN
INSTRUCTIONS
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN			•		T. STACE	
1. Corporate ID No. 95840	2. Name of Corpora	nition Systems, IN	c.	<del>,</del>	.,	
3. Street Address Principal Rusin	ness Office	<del></del>	City	State	219	
555 Valley Street 4. Business Phone No.		5. State of Incorporal	Providence	RI	02908 '-	
(401) 453-9000		RHODE ISL	AND		6. SIC Code 7872	
7. Brief Description of the Chara	acter of Business Conducted I	n Rhode Island	······································	<del></del>		
To engage in resea						
	ESSES OF THE OFFI	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES			
President Name Jay McNally			Vice President Name (Finance and Administration) Pamela Baldwin			
Street Address			Street Address			
555 Valley Street			555_Valley_Stre	et		
Providence	State RI	<sup>Zip</sup> 02908	City Providence	State RI	02908	
Secretary Name Jay McNally	······································	,	Treasurer Name Jay McNally	······································	••••••	
Street Address Same as above			Street Address Same as above			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) [ FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS 7	
Director Name			Director Name		i	
Jay McNally Street Address	· <del></del>	<del></del>		<del></del>	<del></del>	
Same as above			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>				
Director Name			Director Name		:	
Street Address			Street Address			
·					_	
City	State	Zip	City	State	Zip	
10 CHAPPE AUTHOR						
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
4,000 COMM NO PAR VALUE			100	Common	No Par Val	
This report must be si	gned in ink by eitl	her the President, V	ice President, Secretary, Assi	stant Secretary, Treasu	rer, Receiver or Tru	
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	7 7 0 4 0	•		rjury, 1 declare and affirm ig any accompanying sche		
***********		<del></del> ,		contained herein are true		
File Date:	FILED			1. ×	19/99	

Jay McNally Print or Type Name of Officer President

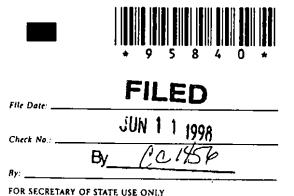
Title of Officer



James R. Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filling Period: January 1-March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation 95840 Ibla Recognition Systems, INc. 3. Street Address Principal Business Office City State Zip 555 Valley Street Providence RI 02908 6. SIC Code RHODE ISLAND (401) 453-9000 7872 7. Brief Description of the Character of Business Conducted in Rhode Islanti To engage in research, development and document processing services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Jay McNally Street Address 555 Valley Street State City State Zio 02908 RI Providence Secretary Name Treasurer Name Jay McNally Jay McNally Street Address Street Address 555 Valley Street 555 Valley Street City City State Providence RI 02908 Providence RI 02908 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Jay McNally Street Address Street Address 555 Valley Street State City State 02908 Providence RIDirector Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 4,000 COMM NO PAR VALUE No Par Value 100 Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jay McNall

Print or Type Name of Officer

President

Title of Officer