

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 95840		2. Name of Corporation Ible Recognition Systems, Inc.			
3. Street Address Principal Business Office 555 Valley Street			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 453-9000		5. State of Incorporation RHODE ISLAND			6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in research, development and document processing services.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jay McNally			Vice President Name (Finance and Administration) Pamela Baldwin		
Street Address 555 Valley Street			Street Address 555 Valley Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 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 ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jay McNally			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			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 Value

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



FILED

File Date: APR 29 1999
Check No.: _____
By: cc.1489

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 3/9/99
Print or Type Name of Officer: Jay McNally
Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **95840** 2. Name of Corporation **Ibis Recognition Systems, Inc.**

3. Street Address Principal Business Office **555 Valley Street** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **(401) 453-9000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7872**

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in research, development and document processing services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Jay McNally Street Address 555 Valley Street City Providence State RI Zip 02908	Vice President Name -- Street Address -- City -- State -- Zip --
Secretary Name Jay McNally Street Address 555 Valley Street City Providence State RI Zip 02908	Treasurer Name Jay McNally Street Address 555 Valley Street City Providence State RI Zip 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Jay McNally Street Address 555 Valley Street City Providence State RI Zip 02908	Director Name -- Street Address -- City -- State -- Zip --
Director Name -- Street Address -- City -- State -- Zip --	Director Name -- Street Address -- City -- State -- Zip --

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	COMM NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

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



FILED

File Date: JUN 11 1998
Check No.: _____
By: CC 1756

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.

Signature of Officer: Jay McNally Date: 6/19/98
Print or Type Name of Officer: President
Title of Officer: _____