

Filing Fee \$50.00



Corp. I.D. # 0000296

State of Rhode Island and Providence Plantations

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island
02903-1335

PLEASE TAKE NOTICE that the corporation must be in good standing prior to filing

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF

ACCESS DEVELOPMENT CORPORATION

Pursuant to the provisions of Section 7-1.1-56 of the General Laws, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is ACCESS DEVELOPMENT CORPORATION

SECOND: The shareholders of the corporation on APRIL 28, 1998, in the manner prescribed by Chapter 7-1.1 of the General Laws, 1956, as amended, adopted the following amendment (s) to the Articles of Incorporation:

[Insert Amendment (s)]

The corporation will no longer be a professional service corporation; it will be a business corporation (under RIGL Chapter 7-1.1)

The purpose of the corporation will be amended to read as follows:

Consultant to construction industry with respect to office automation and to transact any lawful business for which corporations may be incorporated under the Rhode Island Business Corporations Act, and to have all the powers conferred upon corporations organized under the Rhode Island Business Corporations Act.

05 JUN 21 5 11 PM '98
FILED IN 7126075
03A13088

THIRD: The number of shares of the corporation outstanding at the time of such adoption was 50; and the number of shares entitled to vote thereon was 50.

FOURTH: The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows: (if inapplicable, insert "none")

<u>Class</u>	<u>Number of Shares</u>
Common	50

FIFTH: The number of shares voted for such amendment was 50; and the number of shares voted against such amendment was 0.

SIXTH: The number of shares of each class entitled to vote thereon as a class voted for and against such amendment, respectively, was: (if inapplicable, insert "none")

<u>Class</u>	<u>Number of Shares Voted</u>	
	<u>For</u>	<u>Against</u>
N/A		

SEVENTH: The manner, if not set forth in such amendment, in which any exchange, reclassification, or cancellation of issued shares provided for in the amendment shall be effected, is as follows: (If no change, so state)

N/A

EIGHTH: The manner in which such amendment effects a change in the amount of stated capital, and the amount of stated capital as changed by such amendment, are as follows: (If no change, so state)

N/A

Dated 6/1, 1998

ACCESS DEVELOPMENT CORPORATION
 By Christina A. S. DelVecchio
 CHRISTINA A. S. DELVECCHIO
 Its Christina A. S. DelVecchio
 CHRISTINA A. S. DELVECCHIO
 and Christina A. S. DelVecchio
 Its Christina A. S. DelVecchio
 CHRISTINA A. S. DELVECCHIO
 Secretary or Assistant Secretary

STATE OF RHODE ISLAND

COUNTY OF PROVIDENCE

} Sc.

At EAST PROVIDENCE in said County on this 15th day of JUNE, 1998, personally appeared before me CHRISTINA A. S. DELVECCHIO

....., who being by me first duly sworn, declared that he/she is the PRESIDENT of ACCESS DEVELOPMENT CORPORATION

that he/she signed the foregoing document as PRESIDENT of the corporation, and that the statements therein contained are true.

(NOTARIAL SEAL)

Lisa Faria
Notary Public
LISA FARIA, Notary Public
My Commission Expires 12/16/01

FILED
JUN 05 1998
BY (in) 205203

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/29/98

PRODUCER
Robert P. Bixby
c/o Bixby Insurance Agency, Inc.
P.O. Box 830 - 651 Putnam Pike
Greenville, RI 02828

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Access Development Corporation
10 Buckthorne Avenue
East Providence, RI 02915

INSURER A: Nat'l Fire Ins. Co. of Hartford
INSURER B: Continental Casualty Co.
INSURER C: _____
INSURER D: _____
INSURER E: _____

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	1 69086938	05/31/97	05/31/00	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN EA ACC \$ _____ AUTO ONLY AGG \$ _____
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
B	OTHER Professional Liability	AEN 11 376 01 31	04/07/98	04/07/99	\$500,000 Per Claim/ \$1,000,000 Annual Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

Slepkow, Slepkow & Bettencourt, Inc.
148 Wampanog Trail
East Providence, RI 02915
Attn: Martin Slepkow

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

