



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporation ID No <b>87984</b>		2. Name of Corporation <b>I-NET CORPORATION</b>			
3. Street Address Principal Business Office <b>2015 Plainfield Pike</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No <b>401-942-8022</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>XX 7922</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO CONDUCT BUSINESS IN THE COMPUTER FIELD.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Michael W. Horn</b>			Vice President Name		
Street Address <b>2015 Plainfield Pike</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Michael W. Horn</b>			Treasurer Name <b>Michael W. Horn</b>		
Street Address <b>2015 Plainfield Pike</b>			Street Address <b>2015 Plainfield Pike</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			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 type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$0.01 PAR VALUE</b>		<b>5000</b>	<b>common</b>	<b>\$0.01</b>

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



File Date **3/16/05**  
 Check No. **2914**  
 By: **DA**  
 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.

**Michael W. Horn** **1/3/2005**  
 Signature of Officer Date  
**MICHAEL HORN**  
 Print or Type Name of Officer  
**PRESIDENT**  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>87984</b>		2. Name of Corporation <b>I-NET CORPORATION</b>			
3. Street Address Principal Business Office <b>2015 Plainfield Pike</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-942-8022</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO CONDUCT BUSINESS IN THE COMPUTER FIELD.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Michael W. Horn</b>			Vice President Name		
Street Address <b>2015 Plainfield Pike</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Michael W. Horn</b>			Treasurer Name <b>Michael W. Horn</b>		
Street Address <b>2015 Plainfield Pike</b>			Street Address <b>2015 Plainfield Pike</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			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 type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$.01 PAR VALUE</b>		<b>5000</b>	<b>common</b>	<b>\$.01</b>

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



\* 8 7 9 8 4 \*

File Date 2-26-04  
Check No. 21659  
By: OK  
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.

Michael Horn 1/1/04  
Signature of Officer Date  
Michael Horn  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **87984** 2. Name of Corporation **I-NET CORPORATION**  
3. Street Address Principal Business Office  
**2015 Plainfield Pike** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **401-942-8022** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Computer Related Products and Services for Networks

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Michael W. Horn</b> Street Address <b>2015 Plainfield Pike</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Vice President Name  Street Address  City State Zip
Secretary Name <b>Michael W. Horn</b> Street Address <b>2015 Plainfield Pike</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Treasurer Name <b>Michael W. Horn</b> Street Address <b>2015 Plainfield Pike</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>none</b> Street Address  City State Zip	Director Name <b>none</b> Street Address  City State Zip
Director Name <b>none</b> Street Address  City State Zip	Director Name <b>none</b> Street Address  City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>8,000</b>		<b>\$.01</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>5,000</b>	<b>common</b>	<b>\$.01</b>

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



\* 8 7 9 8 4 \*

File Date: 3-11-03  
Check No.: 2329  
By: [Signature]

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] 1/10/03  
Signature of Officer Date

MICHAEL HORN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87984** 2. Name of Corporation **I-NET CORPORATION**  
3. Street Address Principal Business Office **2015 PLAINFIELD PIKE** City **JOHNSTON** State **RI** Zip **02919**  
4. Business Phone No. **(401) 942-8022** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer Related Products and Services for Networks**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Michael W. Horn</b> Street Address <b>2015 Plainfield Pike</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Vice President Name <b>None</b> Street Address  City State Zip
Secretary Name <b>Michael W. Horn</b> Street Address <b>2015 Plainfield Pike</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Treasurer Name <b>Michael W. Horn</b> Street Address <b>2015 Plainfield Pike</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b> Street Address  City State Zip	Director Name <b>None</b> Street Address  City State Zip
Director Name <b>None</b> Street Address  City State Zip	Director Name <b>None</b> Street Address  City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$0.01 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**5,000 Common \$0.01**

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



\* 8 7 9 8 4 \*

File Date: 2-28-02  
Check No.: 1183  
By: AMF

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: 1/03/2002  
Print or Type Name of Officer: MICHAEL HORN  
Title of Officer: PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87984** 2. Name of Corporation **I-NET CORPORATION**

3. Street Address Principal Business Office  
**2015 Plainfield Pike** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **(401) 942-8022** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer Related Products and Services for Networks**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Michael Horn</b>	Vice President Name <b>None</b>
Street Address <b>2015 Plainfield Pike</b>	Street Address
City State Zip <b>Johnston RI 02919</b>	City State Zip

Secretary Name <b>Michael Horn</b>	Treasurer Name <b>Michael Horn</b>
Street Address <b>2015 Plainfield Pike</b>	Street Address <b>2015 Plainfield Pike</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>None</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 SHS \$.01 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**5,000**

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



\* 8 7 9 8 4 \*

File Date: **FILED**

Check No.: **JAN 26 2001**

By: **By Ce 1356**

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 **Michael Horn** Date **1/18/2001**

**Michael Horn**  
Print or Type Name of Officer

**President**  
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87984 2. Name of Corporation I-NET CORPORATION  
 3. Street Address Principal Business Office 233 CHAPLIN DRIVE City COVENTRY State RI Zip 02816  
 4. Business Phone No. (401)397-7632 5. State of Incorporation RI 6. SIC Code 7922

7. Brief Description of the Character of Business Conducted in Rhode Island  
COMPUTER RELATED PRODUCTS AND SERVICES FOR NETWORKS

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

President Name <u>MICHAEL HORN</u>	Vice President Name <u>SUZANNE HORN</u>
Street Address <u>233 CHAPLIN DRIVE</u>	Street Address <u>233 CHAPLIN DRIVE</u>
City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>
Secretary Name <u>NONE</u>	Treasurer Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>	City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>

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

Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>	City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>
Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>	City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>8,000 SHS</u>	<u>\$ .01</u>	<u>PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>NONE</u>		

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

File Date: FILED

Check No.: MAY 18 2000

By: BY M 2291

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.

Michael Horn 3/30/2000  
Signature of Officer Date

MICHAEL HORN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**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. **87984** 2. Name of Corporation **Network Services Group International, Inc.**

3. Street Address Principal Business Office  
**233 CHAPLIN DRIVE** City **COVENTRY** State **RI** Zip **02816**

4. Business Phone No. **401-397-7632** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**PROVIDE COMPUTER RELATED GOODS AND SERVICES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>MICHAEL HORU</b>	Vice President Name <b>SUZANNE HORU</b>
Street Address <b>233 CHAPLIN DRIVE</b>	Street Address <b>233 CHAPLIN DRIVE</b>
City <b>COVENTRY</b> State <b>RI</b> Zip <b>02816</b>	City <b>COVENTRY</b> State <b>RI</b> Zip <b>02816</b>
Secretary Name <b>MICHAEL HORU</b>	Treasurer Name <b>MICHAEL HORU</b>
Street Address <b>233 CHAPLIN DR</b>	Street Address <b>233 CHAPLIN DRIVE</b>
City <b>COVENTRY</b> State <b>RI</b> Zip <b>02816</b>	City <b>COVENTRY</b> State <b>RI</b> Zip <b>02816</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address <b>NONE</b>	Street Address <b>NONE</b>
City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>	City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>
Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address <b>NONE</b>	Street Address <b>NONE</b>
City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>	City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000 SHS</b>	<b>\$.01</b>	<b>PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>NONE</b>		

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



\* 8 7 9 8 4 \*

File Date: Jan 27, 1999

Check No.: 1027

By: JD.

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.

Michael Horu 12/30/98  
Signature of Officer Date

MICHAEL HORU  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**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 **87984** 2. Name of Corporation **Network Services Group International, Inc.**  
3. Street Address Principal Business Office **233 CHAPLIN DRIVE** City **COVENTRY** State **RI** Zip **02816**  
4. Business Phone No. **(401) 397-7632** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO CONDUCT BUSINESS IN COMPUTER RELATED SERVICES, HARDWARE & SOFTWARE**

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

President Name <b>MICHAEL HORN</b>	Vice President Name <b>NONE</b>
Street Address <b>233 CHAPLIN DRIVE</b>	Street Address
City <b>COVENTRY</b> State <b>RI</b> Zip <b>02816</b>	City State Zip
Secretary Name <b>NONE</b>	Treasurer Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>MICHAEL HORN</b>	Director Name <b>NONE</b>
Street Address <b>233 CHAPLIN DRIVE</b>	Street Address
City <b>COVENTRY</b> State <b>RI</b> Zip <b>02816</b>	City State Zip
Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 SHS \$.01 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE**

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



File Date: **1.1.98**  
Check No.: **612**  
By: **WHP**

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: **Michael W Horn** Date: **12/22/97**  
Print or Type Name of Officer: **MICHAEL W HORN**  
Title of Officer: **President**





**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87984** 2. Name of Corporation **Network Services Group International, Inc.**  
3. Street Address Principal Business Office **233 CHAPLIN DRIVE** City **COVENTRY** State **RI** Zip **02816**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

**COMPUTER CONSULTING**

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

President Name <b>MICHAEL W. HORN</b>	Vice President Name <b>NONE</b>
Street Address <b>233 CHAPLIN DRIVE</b>	Street Address
City State Zip <b>COVENTRY RI 02816</b>	City State Zip
Secretary Name <b>NONE</b>	Treasurer Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

<b>AUTHORIZED SHARES</b>	<b>ISSUED SHARES</b>
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
<b>8,000 SHS \$.01 PAR VALUE</b>	<b>8,000 SHS \$.01 PAR VALUE</b>

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



File Date: 3.20.97  
Check No.: 349  
By: ICP  
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: Michael Horn Date: 3/18/97  
Print or Type Name of Officer: MICHAEL HORN  
Title of Officer: PRESIDENT