

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 2. Name of Corporation Avamory FXECUTIVE Marroement SVCS USA, Inc						
3. Street Address Principal Business O 1101 MARKET STREET	(fice		City PHILADELPHIA	State PA	<i>Zip</i> 19107	
4. Business Phone No. 5. State of Incorporation 215-238-3000						
6. Brief Description of the Character of Business Conducted in Rhode Island WONSTON OF LABOY MOVOLIVET SUCS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name						
L. Frederick Sutherland			Alexander P. Marino			
Street Address 1101 MARKET STREET			Street Address 1101 MARKET STREET			
City PHILADELPHIA	State PA	^ℤ 19107	City PHILADELPHIA	State PA	^{Ζψ} 19107	
Secretary Name NEGON C. TIMMINS			Treasurer Name ARUSTOPHER S. Holland			
Street Address 1101 MARKET STREET			Street Address 1101 MARKET STREET			
City PHILADELPHIA	State PA	^{Zip} 19107	City PHILADELPHIA	State PA	_{Хір} 19107	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name TOWN (FFERTU			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address 1101 MARKET STREET			Street Address 1101 MARKET STREET			
City PHILADELPHIA	State PA	Ζір 19107	City PHILADELPHIA	State PA	<i>Ζφ</i> 19107	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			1,000	COMMON	\$100	
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.						

FILED
File Date
Check No 3v 9 39
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

Print or Type Name

ALEXANDER P. MARINO, VICE PRESIDENT

Title