

A. Ralph Mollis, Secretary of State

Corporations Division 148 W River Street

Providence, RI 02904-2615

401.222.3040

subject to a penalty fee of \$25.00.

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4 Bustness Phone No 212- Ldo0-5	2700	5 sidne of Incorporation DELAU	ARE	<i>J</i>	
Tele Common of the Character Tele Common 7. NAMES AND ADDRESS	er of Business Conducted in	Roude Island Services Cresorron Arra	**************************************	SPACES BEFORE USING	ATTACHMENTS
President Name	TAWFIX	<b>5</b>	Vice President Name		
P.O. Box 204	30 Greela	SA Station	Street Address		
New York	State		Сиу	State	Zip
Secretary Name Samer	TAUFIK		Treasurer Name 50 mex	Tawfik	
P.O. Box 20	4.90 Greela	L Sa. Statla)	Street Address P.O.BOX	20430 Greek	eu Sa. Statla
NEW YORK 8. NAMES AND ADDRESS	State  U  ES OF THE DIRECTOR	JIZIP V LOCO \ ISI CX* BOX FOR ATT	MOW YOU	-K NY IN SPACES BEPORE USIN	10001
	*WFK		Director Name		V 111 440 WARNESST 1 27
V-O-Box 2	0480 Gree	Lou Son Stat	Street Address		
Vew York	State NU	10001	City	State	Zip
Director Name			Otrectur Name		
Street Address			Street Address		
City	State	Zip	Сцу	State	Zip
9. SHARES AUTHORIZED				D ("X" BOX FOR ATTAC 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/Sertes	Par Value
			100	Commou	41.00
			(HIS 5.8)		

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.

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement
File DaiseEILED	contained herein are true and correct.
Check No. MAY 22 2009	Susa Dugaan
By God Secretary of State Use ONLY	ATTOCAL TO FACT
	Title Form 630 Rev. 08/08