STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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. 66057

2. Name of Corporation P.J.B. Process Equipment, Inc.

3. Street Address Principal Business Office 123 Wood Cove Drive

City Coventry *State* R.I. *Zip* 02816

4. Business Phone No. 401-823-1256

5. State of Incorporation RHODE ISLAND

6. SIC Code 2634

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacturer Representative for Chemical Handling Equipment

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

President Name Peter A. Burr
Street Address 123 Wood Cove Drive
City Coventry *State* RI *Zip* 02816

Vice President Name
Street Address
City *State* *Zip*

Secretary Name
Street Address
City *State* *Zip*

Treasurer Name
Street Address
City *State* *Zip*

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

Director Name Peter Burr
Street Address 123 Wood Cove Drive
City Coventry *State* RI *Zip* 02816

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*
100 SHS	NO	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 Truste

[redacted]

*6 6 0 5 7 *

File Date: 1/11/00

Check No.: 3630

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Pete Burr — 1-10-2000
Signature of Officer *Date*

PETER BURR
Print or Type Name of Officer

PRESIDENT
Title of Officer