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

24.

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.: **88914**
2. Name of Corporation: **COMPOUNDER, INC.**
3. Street Address Principal Business Office: 170 Westminter St. Suite 900 — City: Providence — State: RI — Zip: 02903
4. Business Phone No.: (904) 273-9853
5. State of Incorporation: **RHODE ISLAND**
6. SIC Code: 9837
7. Brief Description of the Character of Business Conducted in Rhode Island: Yacht Management

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

President Name: Linda Carter Slade
Street Address: 24272 Marsh Landing Pkw
City: Ponte Vedra — State: FL — Zip: 32082

Vice President Name: NONE
Street Address:
City — State — Zip:

Secretary Name: Tom H. Slade III
Street Address: 24272 Marsh Landing Pkw
City: Ponte Vedra — State: FL — Zip: 32082

Treasurer Name: same as Secretary
Street Address:
City — State — Zip:

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

Director Name: Linda Carter Slade
Street Address: 24272 Marsh Landing Pkw
City: Ponte Vedra — State: FL — Zip: 32082

Director Name: NONE
Street Address:
City — State — Zip:

Director Name: Tom Slade III
Street Address: 24272 Marsh Landing Pkw
City: Ponte Vedra — State: FL — Zip: 32082

Director Name: NONE
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 SHS NO PAR VALUE		0	100	COMMON	5,000.00

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

[redacted]  [redacted]

* 8 8 9 1 4 *

File Date: 8.6.97

Check No.: 725

By: ICP

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.

Linda Carter Slade — 8/1/97
Signature of Officer — *Date*

Linda Carter Slade
Print or Type Name of Officer

President
Title of Officer