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. 106123

2. Name of Corporation MDC Associates Inc.

3. Street Address Principal Business Office | *City* | *State* | *Zip*

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

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

President Name | *Vice President Name*

Street Address | *Street Address*

City | *State* | *Zip* | *City* | *State* | *Zip*

Secretary Name | *Treasurer Name*

Street Address | *Street Address*

City | *State* | *Zip* | *City* | *State* | *Zip*

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

AUTHORIZED SHARES

Number of Shares | *Class/Series* | *Par Value*

2,000 | $.01 PAR VALUE

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

ISSUED SHARES

Number of Shares | *Class/Series* | *Par Value*

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

[redacted]

[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.

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

_____
Signature of Officer | *Date*

_____
Print or Type Name of Officer

_____
Title of Officer

Form 630 12/96

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State.
If the registered office and/or registered agent indicated below has changed, Form 640, along with a $20.00 fee must be filed in this office.
Forms may be obtained by contacting this office at 401-222-3040, or from our web site, www.state.ri.us/corpforms.htm.

RETAIN FOR YOUR RECORDS
ID# 106123
MDC Associates Inc.

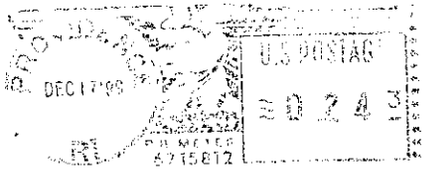
BUSINESS FILINGS
INTERNATIONAL, INCORPORATED
545 NEWPORT AVENUE, SUITE 256
PAWTUCKET, RI 02861

13827

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

***James R. Langevin**, Secretary of State*

RETURN TO SENDER



[redacted]

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