Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

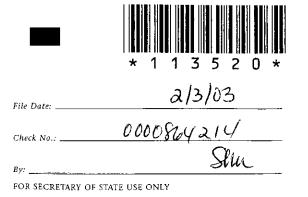
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

Filing Perioa: Janu	ary 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIO
(FORM MUST BE TYPED OR PRINTED IN BLACK)					
1. Corporate ID No.	2. Name of Corporat	ion			
113520	_	jage Investments, Inc.			
3. Street Address Principal Busi			City	State	Zip
3773 Howard H	ughes Parkway		Las Vegas	NV	89109
4. Business Phone No. 952-857-5270		5. State of Incorporation DELAWARE			6. SIC Code 6148
7. Brief Description of the Chai	racter of Business Conducted in	ı Rhode Island			
Master Servic 8. NAMES AND ADDI President Name		CERS ("X" BOX FOR ATTAC.	HMENT) FILL IN SPACES BE	FORE USING ATTAC	HMENTS
David M. Apple Street Address	egate		Michael J. Daly Street Address		
4 Walnut Grove	e Drive State	Zip	100 Witmer Road,	PO Box 963 State	Zîp
Horsham	PA	19044	Horsham	PA	19044-0963
Secretary Name			Treasurer Name		
Robert H. Patterson			Thomas P. Stenger		
Street Address 100 Witmer Road, PO Box 963			Street Address 4 Walnut Grove Drive		
City Horsham	State PA	^{Zip} 19044–0963	^{City} Horsham	State PA	^{Zip} 19044
9. NAMES AND ADDI	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES E	BEFORE USING ATTA	CHMENTS
David M. Applegate			Henry V. Celotto	ı	
Street Address			Street Address		
4 Walnut Grove Drive			4 Walnut Grove Drive		
City	State	Zip	City	State	Zip
Horsham	PA	19044	Horsham	PA	19044
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zi p
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE			1	Common	\$0.01

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

€ 5



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.

Signature of Officer Michael J. Daly

Print or Type Name of Officer Vice President

Title of Officer

Form 630 12/02