



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104220** 2. Name of Corporation **ORGILL/SINGER & ASSOCIATES, INC.**  
3. Street Address Principal Business Office **550 E. Charleston Blvd., Suite H** City **Las Vegas** State **NV** Zip **89104**  
4. Business Phone No. **702-796-9100** 5. State of Incorporation **NEVADA** 6. SIC Code **5702**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance sales

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

President Name <b>Eric K. Springall</b>	Vice President Name <b>None</b>
Street Address <b>550 E. Charleston Blvd., Suite H</b>	Street Address
City State Zip <b>Las Vegas NV 89104</b>	City State Zip
Secretary Name/Treasurer <b>David Dahan</b>	Treasurer Name <b>Same as Secretary</b>
Street Address <b>550 E. Charleston Blvd., Suite H</b>	Street Address
City State Zip <b>Las Vegas NV 89104</b>	City State Zip

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

Director Name <b>Eric K. Springall</b>	Director Name <b>David Dahan</b>
Street Address <b>550 E. Charleston Blvd., Suite H</b>	Street Address <b>550 E. Charleston Blvd., Suite H</b>
City State Zip <b>Las Vegas NV 89104</b>	City State Zip <b>Las Vegas NV 89104</b>
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  
**2,500 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 no par value**

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



\* 1 0 4 2 2 0 \*

File Date: 2-7-02  
Check No.: 5806  
By: [Signature]

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: [Signature] Date: 1/29/02  
Print or Type Name of Officer: Eric K. Springall, President  
Title of Officer: President