

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.	BLACK)				/
71800	2. Name of Corp	Meumen	1.		
	ness Office _	Meusica	the.	State	
3. Street Address Principal Busi	AVE.		WANWICK	IL (zip ^7 F C
4. Business Phone No.		5. State of Incorporation	MI	<i>V</i> - (.	6. SIC Code
YO(- SL) 7. Brief Description of the Chard		ad in Bhada Island	<i>f L.</i> (,		377
Mew	S NOTHIC	Cinto HWC			
8. NAMES AND ADDR	ESSES OF THE O	FFICERS ("X" BOX FOR ATTAC	CHMENT)		
President Figure MUCO	S. T		Vice President Name		
Street Address	VILSON	AVE.	Street Address		
E. PUOV	State M.	AVE.	City	Stute	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DI	RECTORS ("X" BOX FOR ATT	ACHMENT)		
Director Name		76246	Director Name		
Street Address	· 2 · 3 ·	7 50205	Street Address		
275 W	LSON.	BVE.	Succi Address		
E. Pur,	CS S. USDN W ^{Spate}	21p	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
	g	Zip	City	State	Zip
City	State				
City 10. SHARES AUTHORIZ		FACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	T)
•		TACHMENT) Par Value	11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	" BOX FOR ATTACHMEN Cluss/Series	T) Par Value

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

	Under penalty of perjuys, I dectare and affirm that I have examined
FILED	this report, including any accompanying schedules and statements, and
· ····································	that all statements contained herein are true and correct.
JUN 0 9 2000	Marilla C/9/00
neck No.: By CC2146	Signature of Officer CHULIS S TSURCS
- 「	Print of Type Name of Officer