

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

Corporations Division Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

100 North Main Street 401.222.3040

(FORM MUST BE TYPED OR PRINTED IN BLACK)	2005
1. Corporate ID No. 2. Name of Corporation	
91305 TOLLGATE PROFESSIONAL BUILDING, INC.	
3 Street Address Principal Business Office City State	Zip
200 Toll GATO BO Suite ZOI WARWICK RI	02886
4. Business Phone No. 5. State of Incorporation	6. SIC Code
401-738:3113 RHODE ISLAND	5538
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF REAL ESTATE.	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL, IN SPACES BEFORE UPresident Name Vice President Name	JSING ATTACHMENTS
SAMUEL F. WINSPER BRIAN WINSPER	
2 JAILY ANN DRIVE 3705 STONEWALL	Cricle
Scretary Name PL Zip OZETE City At Innta State GA	^{zup} 30339
SAMUEL F. WINSPER SAMUEL F. WIN	SPER
2 Solly Ann Dr 2 Solly Ann Dr	
City E. Crosnwich State RI DIFLE City E. Croonwich State RI	028/8
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE	USING ATTACHMENTS
EDWAND WINSPER GREGORY WIN	870 P.R.
9002 SAINT PIPTE LAND SINCE Address 47 ROLLINGBROOK	Vista
City State Zip City State	
Charlotte N.C. 28277 ! Newman GA	30265
Chamotte N.C. 28277 Newman CA Director Name Director Name	30265
=: ···	30265
Director Name Director Name	Zup Zup
Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	30265
Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	30265
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Director Name Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 300 COMM NO PAR VALUE COMMENT	Zip FACHMENT) Par Value Noffin R
Director Name Street Address Street Address City State Ztp City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasured and affiliations and affiliations and affiliations are street and affiliations.	Zip Zip Par Value No Par R Urer, Receiver or Trustee Irm that I have examined this report.
Director Name Street Address 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 15SUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 200 Common 200 C	Zip Zip Par Value No Par R Urer, Receiver or Trustee Irm that I have examined this report.
Director Name Street Address State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treast Under penalty of porjury, I declare and aff including any accompanying schigdules an	Zip Zip Par Value No Par R Urer, Receiver or Trustee Irm that I have examined this report.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

#50.00 CK#2538

100 North Main Street Providence, RI 02903-1335 401.222.3040

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

2004

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. Corporate ID No.	2. Name of Corporation			•	
91305		FESSIONAL BUILDING			
1. Street Address Principal Business O, 200 [c][Gr			City WARWICK	State RII	²¹⁰ 02886
I. Business Phone No.	715 170	5. State of Incorporation		<u> </u>	6. SIC Code
461-738-3/13	ı	RHODE ISLAND			5538
7. Bnef Description of the Character of OWNERSHIP AND MANA		bode Island			
. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	. —	CES BEFORE USING AT	TACHMENTS
SAMUEL F.	صمت مندر (ب	•	Vice President Name	G. WINSPER	•
Sirvet Address	WINSPER		GREGOLY Sireel Address	O, WINSPER	
2 Sally An	in Dr.		140 Stow	e Way	
E. Greenwich	State RI	^{zip} 02818	Sharps burg	State GA	^{zip} 30277
Samue F	WINSPER		Treasurer Name SAMUEL	F. WINSDER	
2 SAlly AN	N DR,		Sirvei Address 2 Sp/ly	ANN Dr.	
F. Greenwich	State RI	Zip 02818	CIDE Greenwich	State RI	Zip 02818
NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN SP	ACES BEFORE USING	ATTACHMENTS
BRIAN D.	WINSper		EDWARD F.	WINSPER	
3705 Sto	Newall CI	ile		PIERRE LAN	A
Atlanta'	State GA	^z •3033 <i>9</i>	Cha-lotte	State N.C.	²⁴ 28277
Director Name			Director Name		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (L "X" BOX FOR ATTA	CHMENT) _	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	V7) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sortes	Par Value
300 COMM NO PAR VALUE			100	Common	No PAR
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This report must be s	igned in ink by cithe	r the President, Vice Pr	esident, Secretary, Assistant S	ecretary, Treasurer, Reco	eiver or Trustee

File Date	2.75.04
Check No.	7538
8y:	1(P
F	OR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I including any accompanying schooling and statemen	have examined this report,
including any accompanying schedules and statemen	its, and that all statements
contained herein are true and correct.	1.1.
X and Mme	~ 1/20/04_
Signature of Officer	Ďate
DAMUEL F. WINSOR	ir.
Print or Type Name of Officer	
- Frendert	
Title of Officer	

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 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)			
1. Corporate ID No. 2. Name of Corporation			
91305 TOLLGATE PROFESSIONAL E 3. Street Address Principal Business Office	BUILDING, INC. City	State	Zip
200 Toll Grate Ro	WARWICK	RI	02886
4. Business Phone No. 5. State of Inco	. 0,,,, 0,	(, —	6. SIC Code
401 - 738 · 31/3 RHODE	ISLAND		5538
7. Brief Description of the Character of Business Conducted in Rhode Island	ISLAND		0000
RENTAL Property			
		BEFORE USING ATTACHM	ENTS
President Name	Vice President Name	EL.1.	
Samuel F. Wingpor	Cteant Address	of. Winsper	
Z SAlly ANN DL	9002 54	INT PIERRE LA	INE
Z SAlly ANN DL City Greenwich RI 210 028	18 Charlotte	State V.C	² 28277
SECRETARY NAME SAMUE I F. WINSPER	Treasurer Name SAMUD	F. WINSPER	•
2 SAlly ANN Dr.	Street Address 2 5 Ally	ANN DL	
E Greenwich RI 2102818	s "E. Greenwich	State	02818
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX	1000,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S BEFORE USING ATTACH	IMENTS
Director Name	Director Name		
BRIAN D. WINSPER	Street Address		
3nos Stonowall Circle			
3705 Stone wall CIrcle State OA 303	City	State	Zip
HTLANTA GA 303	339		
Director Name	Director Name		• •
Grewory G. WINEPER			
Street Address 140 Stowe WAY	Street Address		
Cip 1 a la scale States A 2ip 2 na.	City	State	Zip
Sharpsburg OH 302	//		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	11. SHARES 155UED (*	X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares Class/Series Par Value	Number of Shares	Class/Series	Par Value
	•		
300 COMM NO PAR VALUE	100	Common	NoPAR

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

	* 9 1 3 0 5 *
File Date:	2119/03
Check No.:	2389
By:	R

FOR SECRETARY OF STATE USE ONLY

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 Date 2/18/03

SAMUE | F. WINSPER

Title of Officer



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

91305 TOLLGATE PROFESSIONAL BUILDING, INC. SIDER AGENTS PRINCIPAL BUILDING STORE & 200 TOLL GATE BD BUILDING PROME NO. 2 00 TOLL GATE BD S. SIGN OF INCORPORATION HOL. 738-3/13 RENDIC J. POPERTY NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT). FILL IN SPACES HEFORE USING ATTACHMENTS entident Name VICE PRESIDENT DIVINOPER STORE Address 2 SALLY ANN DRIVE E. GARRANDOL F. WINSPER STORE Address SAMUEL F. WINSPER STORE Address 2 SALLY ANN DRIVE E. GARRANDOL F. WINSPER STORE Address STORE Address STORE Address STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). FILL IN SPACES HEFORE USING ATTACHMENTS PROBLEM STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS TREATMENT Name STORE Address STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS THE Address DUBBAD WINSPER STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS THE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS THE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). STORE ADDRESSES OF THE DIRECTOR ADDRESSES OF TH	ORM MUST BE TYPED IN BLACK Corporate ID No.) 2. Name of Corporation				INSTRUCT
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Street Address Street Address	NAMES AND ADDRESSE	S OF THE OFFIC	•	Vice President Name		•
Tregiver Name SAMUEL F. WINSPER Street Address 2 SALLY ANN Drive Copposite RT O2818 Coly Greenwich State Coly Greenwich RT O2818 Coly State Coly Greenwich RT O2818 Coly Greenwich RT O2818 Coly State Coly			ა	Connect Address -	tonewall Ci	
THEASUREN NAME SAMUEL F. WINSPER STREET ADDRESS. STREE	E. Greenwich	State RI	02818		State	30339
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State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ORIZZED SHARES ORIZZED SHARES Class/Series Par Value DO COMM NO PAR VALUE	FOWARD C	UINSPER				
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per of Shares Class/Series Par Value Number of Shares Class/Series Par Value		'X" BOX FOR ATTAC	нмё́мт) С		BOX FOR ATTACHMENT)	₹
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	* 9 1 3 0 5 *
rile Date	2/11/02
Check No.:	2262
By:/	1B
FOR SECRETARY (OF STATE USE ONLY

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. Title of Officer Form 630 12/01

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

1. Corporate ID No. 91305 TOLLGATE PROFESSIONAL BUILDING, INC.

CK#2119

3. Street Address Principal Business Office ZOOTOIL GATE KO Duite ZOI

WARWICK

FILL IN SPACES BEFORE USING ATTACHMENTS

6. Business Phone No. 738·3113

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

Rental Property Office Building

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

SAMUEL F. WINSPER

2 SAlly ANN DR

E. Greenwich

Jamuel F. WINSPER

2 Solly Ann Dr

GREGORY WINSPER

140 Stowe WAY

311Arps burg

SAMUEL F. WINSPER

Zip

Zio

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

EDWARD WINSPER

12900 Meadow Creek Lane

Street Address

Street Address

BrIAN WINSPER

300 SHS NO PAR COMMON

2010 LAKE Breeze LANE

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Class/Series

State

State

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

Number of Shares

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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



Filing Perioa: January 1-March 1	riling ree: \$30.00			IXVIRLUIR
(FORM MUST BE TYPED IN BLACK)	0.0			
I. Corporate ID No. 2. Name of Corporating TOLLGATE P	ROFESSIONAL BUILD	OING, INC.		
3. Street Address Principal Business Office 200 Tall GATE RO 4. Business Phone No. 401 - 738 - 3113 7. Brief Description of the Character of Business Conducted in Rental Prope	S. State of Incorporation RHODE ISLAND	WARWICK	State R. T	OZ886 6. 510 Code 5538
8. NAMES AND ADDRESSES OF THE OFFIC	•	MENT) FILL IN SPACES BI	EFORE USING ATTACH!	MENTS
Street Address 3 5 11 0 1 1	PR	BRIAN D. U Street Address	•	
2 SAlly ANN DR.	Zio	ZOIU LAKE S	Prece Lane	Zio
E. Greenwich Stote RI	02818	ATLANTA	GA	30339
Samuel F. WINSPER Street Address 2 Sally Agent De		Treasurer Name SAMUE F Street Address Z SAlly 1	WINSper Ann Dh	
2 Sally Ann Dr 1 City Greenwich RI	218 02818	E. Greenwich		z:10 028/8
9. NAMES AND ADDRESSES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
Street Address 12900 Mennow		Director Name Street Address		
Pineville N.C	^{z19} 28134	City	State	Zip
Director Name	• ,	Director Name		
Street Address 140 Stowe WAY	sper	Street Address		
CIN- State	Zip	City	State	Zip
Sharps DURG GA 10. SHARES AUTHORIZED ("X" BOX FOR ATTAI AUTHORIZED SHARES	302 77	11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT)	
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS NO PAR COMMON		/00	Common	No PAR
		. , 	- , -	

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

* 9 1 3 0 5 *	CK#/509	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 2/25/00	#50-	that all statements contained horon are true and correct. Signature of Officer Date
By: FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Officer PRESIDENT Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Corporate ID No. 2. Name of Corporation		· · · · · · · · · · · · · · · · · · ·	
91305 TOLLGATE PROFES	SSIONAL BUILDING, INC.		
Street Address Principal Business Office 200 Toll GATE RD Business Phone No. 401-738-3113	City WARWICK HODE ISLAND	State R.I	02886 6. SIC Code 5538
Brief Description of the Character of Business Conducted in Rhode Island Rental Property NAMES AND ADDRESSES OF THE OFFICERS (*X-)	BOX FOR ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATTACH	IMENTS
SAMUEL F. WINSPE	Vice President Nume		
ect Address 2 Splly ANN Dr.	Street Address	,	
state Zip	DS818	State	Žip
SAMUPLE, WINSP		uel F. Winsp	CR
2 Jully ANN DR.	Street Address	IL. Ann De	
2 09119 17WN DR.	/ JA	110 107070 102	
State Zip	02818 . E Greenwi	My ANN Dr Ch State RI	05818
E Greenwich RI NAMES AND ADDRESSES OF THE DIRECTORS (**)	02818 E Greenwie	State RI CES BEFORE USING ATTA	81850
E Greenwill RI NAMES AND ADDRESSES OF THE DIRECTORS (-X	02818 E GTERNW (C	ch RI	81850
NAMES AND ADDRESSES OF THE DIRECTORS ("X ect Address	02818 L GTERNW (C X* BOX FOR ATTACHMENT) FILL IN SPA Director Name	ch RI	81850
NAMES AND ADDRESSES OF THE DIRECTORS (-x) ector Name ect Address State Zip State Zip	O2818 L GTERNW (C X* BOX FOR ATTACHMENT) FILL IN SPA Director Name Street Address	CL RT. CES BEFORE USING ATTA	0 > 818 CHMENTS
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	#50 1356	Under penalty of perjury, I d
File Date:	CKATI	that all statements contained
Check No.: 1356		Signature of Officer
By:	<i></i>	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY		Tyle of Officer

leclare and affirm that I have examined companying schedules and statements, and rein are true and correct. Date

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 91305 TOLLGATE PROFESSIONAL BUILDING, INC. 3. Street Address Principal Business Office ___200_Toll_Gate_Road. 02886 - Warwick - .. -R.I S. State of Incorporation RHODE ISLAND 5538 401-738-3113 7. Brief Description of the Character of Business Conducted in Rhode Island Rental Property 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Samuel_F._Winsper_ Street Address Street Address Samuel F. Winsper Samuel_F._Winsper. Street Address Street Address 2 Sally Ann Drive 2_Sally_Ann_Drive. State 02818 East Greenwich 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Samuel F. Winsper Street Address Street Address 2 Sally Ann Drive State State East Greenwich 02818 Director Name Street Address Street Address State i Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SZAYHS CENSSI Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value 300 SHS NO PAR COMMON Common 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and #1205 Signature of Officer Samuel F. Winsper
Print or Type Name of Officer

President

Title of Officer



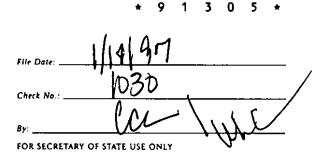
Filing Period: January 1-March 1 • Filing Fee: \$50.00

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

PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 91305 TOLLGATE PROFESSIONAL BUILDING, INC. 3. Street Address Principal Business Office 200 Tollgate Road Warwick RΙ 02886 4. Business Phane No. 5. State of Incorporation 6. SIC Code 401-738-3113 RHODE ISLAND 5538 7. Brief Description of the Character of Business Conducted in Rhode Island own and manage real estate 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) President Name Vice President Name Samuel F. Winsper none Street Address Street Address 200 Tollgate Road 1 Zip City Warwick, 02886 Secretary Name Treasurer Name Samuel F. Winsper Samuel F. Winsper Street Address Street Address same as above same as above 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Samuel F. Winsper Street Address Street Address same as above City Tstate Director Nam Director Name Street Address Street Address 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Number of Shares **300 SHS NO PAR COMMON** 100 common no par

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and ents contained hereiff are true and correct.

Signature of Exficer

Samuel F. Winsper, president, Print or Type Name of Officer sec'y & treasurer

Title of Officer