



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>90805</b>		2. Name of Corporation <b>Spring Street Market Inc.</b>			
3. Street Address Principal Business Office <b>PO Box 1156 - One Spring Street</b>		City <b>Hope Valley</b>		State <b>RI</b>	Zip <b>02832</b>
4. Business Phone No. <b>539-0111</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3210</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>FOOD PRODUCTS AT RETAIL AND WHOLESALE PRICES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Boutros Malko</b>			Vice President Name <b>Mahmoud EISA</b>		
Street Address <b>10 Timberland Hill Rd</b>			Street Address <b>PO Box 143</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
Secretary Name <b>ANNA Malko</b>			Treasurer Name <b>Boutros Malko</b>		
Street Address <b>10 Timberland Hill Rd</b>			Street Address <b>10 Timberland Hill Rd</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>400 NO PAR VALUE</b>			<b>400</b>		<b>0</b>

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



File Date	<b>1/18/05</b>
Check No.	<b>2405</b>
By:	<b>OA</b>
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 **Boutros Malko** Date **1/18/05**  
Print or Type Name of Officer **President**  
Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90805		2. Name of Corporation Spring Street Market Inc.		
3. Street Address Principal Business Office One Spring St		City Hope Valley	State RI	Zip 02832
4. Business Phone No. 539-0111		5. State of Incorporation RHODE ISLAND		6. SIC Code 3210
7. Brief Description of the Character of Business Conducted in Rhode Island FOOD PRODUCTS AT RETAIL AND WHOLESALE PRICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Boutros Malko		Vice President Name Mahmoud EISA		
Street Address 10 Timberland Hill Rd		Street Address PO Box 143		
City Lincoln	State RI	Zip 02865	City Wyoming	State RI
Secretary Name Anna Malko		Treasurer Name Boutros Malko		
Street Address 10 Timberland Hill Rd		Street Address 10 Timberland Hill Rd		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
400 NO PAR VALUE			400	

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



\* 9 0 8 0 5 \*

File Date 2/12/04  
Check No. 2148  
By: LML

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

Boutros Malko  
Print or Type Name of OfficerPresident  
Title of Officer

Date

Form 630 Rev. 12/03



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

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

90805

Spring Street Market Inc.

3. Street Address Principal Business Office

One Spring Street

City

Hope Valley RI

State

Zip

02832

4. Business Phone No.

539-0111

5. State of Incorporation

RHODE ISLAND

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

Small Grocery Store & Pizzeria

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Boutros Malko

Street Address

10 Timberland Drive

City

Lincoln

State

RI

Zip

02865

Secretary Name

ANA Malko

Street Address

10 Timberland Dr

City

Lincoln

State

RI

Zip

02865

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

none

1.00

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



\* 9 0 8 0 5 \*

File Date: 1-14-03

Check No.: 1836

By: [Signature]

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

Print or Type Name of Officer

Title of Officer

5

Form 630 1202



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90805

2. Name of Corporation

Spring Street Market Inc.

3. Street Address Principal Business Office

PO Box 1156

4. Business Phone No.

539-0111

5. State of Incorporation

RHODE ISLAND

City

Hope Valley

State

RI

Zip

02832

6. SIC Code

3210

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

Small Grocery Store & Pizzeria

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Boutros Malko

Mahmoud EISSA

Street Address

Street Address

10 Timberland Drive

PO Box 143

City

State

Zip

Lincoln

RI

02865

City

State

Zip

Wyoming

RI

02898

Secretary Name

Treasurer Name

Ava Malko

Boutros Malko

Street Address

Street Address

10 Timberland Drive

10 Timberland Drive

City

State

Zip

Lincoln

RI

02865

City

State

Zip

Lincoln

RI

02865

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

400 NO PAR VALUE

400

NONE

1.00

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



\* 9 0 8 0 5 \*

File Date: 2-17-02

Check No.: 1516

By: [Signature]

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]

Signature of Officer

Date

11/10/01

Boutros Malko

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90805** 2. Name of Corporation **Spring Street Market Inc.**

3. Street Address Principal Business Office  
**P.O BOX 1156**

City **Hope Valley** State **RI**

Zip **02832**

4. Business Phone No.  
**539-0111**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**3210**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SMALL GROCERY STORE & PIZZERIA**

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

President Name  
**Boutros Malko**  
Street Address  
**10 Timberland Drive**  
City **Lincoln** State **RI** Zip **02865**

Vice President Name  
**Mahmoud Eissa**  
Street Address  
**P.O Box 143**  
City **Wyoming** State **RI** Zip **02898**

Secretary Name  
**Ana Malko**  
Street Address  
**10 Timberland Drive**  
City **Lincoln** State **RI** Zip **02865**

Treasurer Name  
**Boutros Malko**  
Street Address  
**10 Timberland Drive**  
City **Lincoln** State **RI** Zip **02865**

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

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**400 SHS NO PAR VALUE**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**400 none 1.00**

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



\* 9 0 8 0 5 \*

3/2

File Date: **1248**

Check No.: **2**

By: \_\_\_\_\_

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 **[Signature]** Date **3/1/01**

Print or Type Name of Officer  
**Boutros Malko**

Title of Officer  
**President**



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



**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. **90805** 2. Name of Corporation **Spring Street Market Inc.**

3. Street Address Principal Business Office  
**1 Spring Street**

City  
**Hope Valley**

State  
**RI**

Zip  
**02832**

4. Business Phone No.  
**539-0111**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**3210**

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

**Small Grocery Store and Pizzeria**

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

President Name

**Boutros Malko**

Street Address

**10 Timberland Drive**

City  
**Lincoln** State  
**RI** Zip  
**02865**

Secretary Name

**Ana Malko**

Street Address

**10 Timberland Drive**

City  
**Lincoln** State  
**RI** Zip  
**02865**

Vice President Name

**Mahmoud Eissa**

Street Address

**P.O. Box 143**

City  
**Wyoming** State  
**RI** Zip  
**02898**

Treasurer Name

**Boutros Malko**

Street Address

**10 Timberland Drive**

City  
**Lincoln** State  
**RI** Zip  
**02865**

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

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>400 SHS NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>400</b>	<b>none</b>	<b>1.00</b>

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



\* 9 0 8 0 5 \*

File Date: **JAN 20 2000**

Check No.: **1432**

By: **[Signature]**

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

**Boutros Malko**

**President**



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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90805 2. Name of Corporation SPRING STREET Market, INC P.O. Box 1156  
3. Street Address Principal Business Office ONE SPRING Street City Hope Valley State RI Zip 02832  
4. Business Phone No. 401 539 0111 5. State of Incorporation RI 6. SIC Code 3210

7. Brief Description of the Character of Business Conducted in Rhode Island  
CROCKERY + PIZZA and Fast Food Service

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

President Name <u>Boutros Malko</u> Street Address <u>119 Summit Avenue</u> City <u>Central Falls</u> State <u>RI</u> Zip <u>02863</u>	Vice President Name <u>Mahmoud Eissa</u> Street Address <u>P.O. Box 143</u> City <u>Wyoming</u> State <u>RI</u> Zip <u>02898</u>
Secretary Name <u>ANA Malko</u> Street Address <u>119 Summit Avenue</u> City <u>Central Falls</u> State <u>RI</u> Zip <u>02863</u>	Treasurer Name <u>Boutros Malko</u> Street Address <u>119 Summit Avenue</u> City <u>Central Falls</u> State <u>RI</u> Zip <u>02863</u>

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

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<u>400</u>	<u>SHS</u>	<u>NO PAR</u>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>400</u>	<u>Common</u>	<u>1.00 PAR</u>

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 that all statements contained herein are true and correct.

FILED  
File Date: NOV 04 1999  
Check No.: 00043  
By: 233264

RECEIVED  
66. 11A 52 G H 1001  
SECRETARY OF STATE

Signature of Officer [Signature] Date 10/6/99  
Print or Type Name of Officer Boutros Malko  
Title of Officer President



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  
401-277-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90805** 2. Name of Corporation **Spring Street Market Inc.**

3. Street Address Principal Business Office **ONE SPRING STREET** City **HOPE VALLEY** State **RI** Zip **02832**  
4. Business Phone No. **401-539-0111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3210**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**GROCERY STORE, PIZZERIA**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>BOUTIOS MARK D</b>	Vice President Name
Street Address <b>195 MAIN ST SE</b>	Street Address
City <b>CENTRAL FALLS</b> State <b>RI</b> Zip <b>02813</b>	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)

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  
**400 SHS NO PAR VALUE**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**400 COMMON**

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



File Date: **2/4/98**  
Check No.: **1886**  
By: **[Signature]**  
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 **[Signature]** Date **1/17/98**  
Print or Type Name of Officer **BOUTIOS MARK D**  
Title of Officer **President**





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  
401-277-3040



# PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90805** 2. Name of Corporation **Spring Street Market Inc.**  
3. Street Address Principal Business Office **1 Spring Street** City **Hope Valley** State **R.I.** Zip **02832**  
4. Business Phone No. **401-539-0111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3210**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Retail of groceries and general merchandise.**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Boutros Malko</b>	Vice President Name <b>Mahoud Eissa</b>
Street Address <b>119 Summit Street</b>	Street Address <b>PO BOX 143</b>
City <b>Central Falls</b> State <b>R.I.</b> Zip <b>02863</b>	City <b>Wyoming</b> State <b>R.I.</b> Zip <b>02898</b>
Secretary Name <b>Ana Malko</b>	Treasurer Name <b>Boutros Malko</b>
Street Address <b>119 Summit Street</b>	Street Address <b>119 Summit Strret</b>
City <b>Central Falls</b> State <b>R.I.</b> Zip <b>02863</b>	City <b>Central Falls</b> State <b>R.I.</b> Zip <b>02863</b>

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

## 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>400 SHS NO PAR VALUE</b>			<b>400</b>	<b>Common</b>	<b>\$1/par</b>

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



\* 9 0 8 0 5 \*

File Date: **3.3.97**  
**2250**  
Check No.:  
By: **10P**  
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 **[Signature]** Date **1-29-97**  
Print or Type Name of Officer **Boutros Malko**  
Title of Officer **President**