

Matthew A. Brown, Secretary of Stole Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation *102206* JCP ASSOCIATES, INC. 3. Street Address Principal Business Office State 36 CROCUS DRIVE CRANSTON RI 02920 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)944-5511 RHODE ISLAND 3012 7. Brief Description of the Character of Business Conducted in Rhode Island SALES, DISTRIBUTION AND MARKETING OF VIDEO TELECONFERENCING EQUIPMENT AND OTHER PRODUCTS. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jennifer Conklin .Jennifer Conklin Street Address Street Address 36 Crocus Drive 36 Crocus Drive (Ciry State Zip City State Zip Cranston RI · Cranston 02920 RI 02920 Secretary Name Treasurer Name Jennifer Conklin Jennifer Conklin Street Address Sireel Address 36 Crocus Drive .36 Crocus Drive City State Zip City State Zip Cranston RI 02920 Cranston RI 02920 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS . Director Name None 'None Street Address · Street Address City State Zip ·City State Zip Director Name Director Name None None Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE 50 Common No Par Val. 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. *102206 DBC1/31/033:33:57 PM* MAR 0 1 2005 2/16/05 File Date Check No. Jennifer Conklin Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY

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, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

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By: Print or Type Name of Officer	$B_{Y:}$ \mathcal{Y}	· 		Print or Type Name o	f Officer	
FOR SECRETARY OF STATE USE ONLY President		TE LIEU ON W	_	President		
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation JCP ASSOCIATES, INC. *102206* 3. Street Address Principal Business Office City State 36 CROCUS DRIVE CRANSTON RI 02920 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)944-5511 RHODE ISLAND 3012 7. Brief Description of the Character of Business Conducted in Rhode Island SALES, DISTRIBUTION AND MARKETING OF VIDEO TELECONFERENCING EQUIPMENT AND OTHER PRODUCTS. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jennifer Conklin Jennifer Conklin Street Address Street Address 36 Crocus Drive .36 Crocus Drive City State City State Zip Cranston RI 02920 Cranston RI 02920 Secretary Name Treasurer Name Jennifer Conklin Jennifer Conklin Street Address Street Address 36 Crocus Drive .36 Crocus Drive City State Zip City State Zip Cranston RI 02920 . Cranston RT 02920 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address · Street Address City State Zip ·City State Zip Director Name Director Name None None Street Address Street Address City State Zin .Citv State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Closs/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE 50 Common No Par Val. 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. *102206 DBC1/3<u>1</u>/033:33:<u>5</u>7 PM* Check No. Jennifer Conklin Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



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

STOP PIEAM READ INSTRUCTIONS

(FORM MUST BE TYPED IN B	BLACK)				
1. Corporate ID No.	2. Name of Corpo	ration · · · · · · · · · · · ·	* ··* =	-	
102206	JCP ASSO	CIATES, INC.			
3. Street Address Principal Busin	ess Office		City	State	Zip
36 CROCUS DIR 4. Business Phone No.	VE	5. State of Incorporation	CRANSTON	RI	02920 6. SIC Code
(401) 944-551 7. Brief Description of the Charac	1 cter of Business Conducted	RHODE ISLAND In Rhode Island		•	0
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CRANSTON Secretary Name	. RI	. 02920	CRANSTON	RI	02920
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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.

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Denniter Confiler	2/5/02	
Signature of Officer	Date	

JENNIFER CONKLIN

Print or Type Name of Officer

PRESIDENT
Title of Officer

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<u>ENT ____</u>

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

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(FORM MUST BE TYPED IN B	LACK)				
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3. Street Address Principal Busine	ess Office	•	City	State	Zip
36 Crocus Driv 4. Business Phone No.	/e	5. State of Incorporation RHODE ISLAND	Cranston	RI	02920 6. SIC Code
(401) 944-5511 7. Brief Description of the Charac	ter of Business Conducted				U
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JENNIFER CONKL	.IN		JENNIFER CONKL	IN	
36 Crocus Dr	State	Zip	36 Crocus Dr	State	Z.i.p
Cranston Secretary Name	RI	02920.	. Cranston Treasurer Name	RI.	02920
JENNIFER CONKL	.IN		JENNIFER CONKL	IN	
36 Crocus Dr	State	Zip	36 Crocus Dr	State	Zip
Cranston P. NAMES AND ADDRE Olitector Name	RI SSES OF THE DIR	02920 ECTORS ("X" BOX FOR ATTAC	Cranston HMENT) FILL IN SPACE Director Name	RI ES BEFORE USING ATT	02920 ACHMENTS
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City	State	Zip	City	State	Zip
Director Name		•	Director Name	• •••	•
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10. SHARES AUTHORIZ	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHMEN	T)
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his report must be sign	ncd in ink by eith	ner the President, Vice Pro	– esident, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trusto
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•		J ~	onoci penatty of per	rjury, I declare and affirm	n that I have examined



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FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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Dennifer Confiler	2/16/01	
Signature of Officer	Date	-

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Print r	r Tune	Name	A/ 0/1	

PRESIDENT

Title of Officer

2. Name of Corporation

JCP ASSOCIATES, INC.

1. Corporate ID No.

102206

3. Street Address Principal Business Office

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

Zip

State

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

City

(FORM MUST BE TYPED IN BLACK)

36 Crocus Dr	ive		Cranston	n.T	22222
4. Business Phone No.		5. State of Incorporation		RI	02920 6. SIC Code
(401) 944-55	11	RHODE ISLAN			b. SIC Cone
7. Brief Description of the Char			•		
Sales, distr	ibution and ma	rketing of video	teleconferencing	equipment	
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTA		S BEFORE USING ATTA	CHMENTS
Jennifer Con	klin		Jennifer C	onklin	
Street Address			Street Address	OHRZIII	
36 Crocus Dr	ive		36 Crocus	Drive	
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI ·	02920
Secretary Name	• • •	•	, Treasurer Name	• •	02,20
Jennifer Con	klin		Jennifer C	onklin	
Street Address			Street Address		
36 Crocus Dr	ive		36 Crocus	Drive	
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDR	ESSES OF THE DIRI	ECTORS ("X" BOX FOR AT	FACHMENT) FILL IN SPACE	CES BEFORE USING ATT	ACHMENTS
Director Name		•	Director Name		
None			None		
Street Address	·		Street Address		
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Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUFED SHARES		••
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO F	PAR VALUE		50	Common	No Par Value
This report must be ele	Gned in ink he sish	or the Descident Vi	Provident Court		
report inust be 31	Price in the Dy citt	er me riesident, vice	President, Secretary, Ass	istant Secretary, Treas	uter, Receiver or Trus

Title of Officer

	* 1 0 2 2 0 6 *
File Date:	3/10/00
Check No.:	5982
Ву:	2-
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, an
that all statements contained herein are true and correct.

the an statements combined neight are time	and correct.	
Dennifer Coulling	2/3/00	
Signature of Officer	Date	
Jennifer Conklin		
Print or Type Name of Officer	-	
President		



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 Fec: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN B	LACK)					
1. Corporate ID No.	2. Name of Corpore	ntion				
102206 3. Street Address Principal Busine	JCP ASSO	CIATES, INC.	City	* State	Zip	
36 Crocu	s Drive		Cranston	RI	02920	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
(401) 944-5511		Rhode Is:	Land		ı	
7. Brief Description of the Charac						
			video teleconfere			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS	
Jennifer Conklin			Jennifer Conklin			
Street Address			Street Address			
36 Crocus Dr			36 Croc	us Drive		
City	State	Zip	City	State	Zip	
Cranston Secretary Name	RI	02920	Cranston	n RI	02920	
Jennifer Con	ıklin		. Jennife	r Conklin		
Street Address			Street Address	L CONKIAN	-	
36 Crocus Dr	ive		36 Croc	us Drive		
City	State	Zip	City	State	¹ Zip -	
Cranston	RI	02920	Cransto	n : RI	02920	
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT		CES BEFORE USING ATT	ACHMENTS	
None			Director Name			
Street Address			None			
			Street Address			
City	State	Zip	City	T State	Zip -	
Director Name			Director Name	••••••		
None			: None			
Street Address			Street Address			
Ciry	State	Zip	City	T State	Zip · -	
10 SHARES AUTHORIZE	ED (ava nov nos :—		*			
10. SHARES AUTHORIZED SHARES	ED ("X" BOX FOR ATT)	CHMENT)	•	("X," BOX FOR ATTACHMENT	?!	
Number of Shares	Class/Series	Ban Kalua	ISSUED SHARES	<u>.</u> . •		
·		Par Value	Number of Shares	Class/Series	Par Value	
1,000 COMM N	O PAR VALUE		50	Common	No Par Val.	
This capart must be at-			D			
This report must be sign	aca in ink by eith	ier the President, Vice l	President, Secretary, Ass	istant Secretary, Treasi	irer, Receiver or Truster	