



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 IN BLACK)

1. Corporate ID No. *102206*		2. Name of Corporation JCP ASSOCIATES, INC.			
3. Street Address Principal Business Office 36 CROCUS DRIVE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. (401) 944-5511		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jennifer Conklin		Vice President Name Jennifer Conklin			
Street Address 36 Crocus Drive		Street Address 36 Crocus Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Jennifer Conklin		Treasurer Name Jennifer Conklin			
Street Address 36 Crocus Drive		Street Address 36 Crocus Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 COMM NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	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



\* 1 0 2 2 0 6 \*

**FILED**

\*102206 DBC1/31/033:33:57 PM\*

File Date **MAR 01 2005**

Check No. **By**

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.

*Jennifer Conklin* 2/16/05  
Signature of Officer Date

Jennifer Conklin

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 IN BLACK)

1. Corporate ID No. *102206*		2. Name of Corporation JCP ASSOCIATES, INC.			
3. Street Address Principal Business Office 36 CROCUS DRIVE		City CRANSTON		State RI	Zip 02920
4. Business Phone No. (401) 944-5511		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jennifer Conklin			Vice President Name Jennifer Conklin		
Street Address 36 Crocus Drive			Street Address 36 Crocus Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Jennifer Conklin			Treasurer Name Jennifer Conklin		
Street Address 36 Crocus Drive			Street Address 36 Crocus Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 COMM NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	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



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\*102206 DBC1/31/033:33:57 PM\*

File Date 1/14/04  
Check No. 1205  
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.

Jennifer Conklin 12/18/03  
Signature of Officer Date  
Jennifer Conklin  
Print or Type Name of Officer  
President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *102206*		2. Name of Corporation JCP ASSOCIATES, INC.			
3. Street Address Principal Business Office 36 CROCUS DRIVE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. (401) 944-5511		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jennifer Conklin			Vice President Name Jennifer Conklin		
Street Address 36 Crocus Drive			Street Address 36 Crocus Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Jennifer Conklin			Treasurer Name Jennifer Conklin		
Street Address 36 Crocus Drive			Street Address 36 Crocus Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
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



\* 1 0 2 2 0 6 \*

\*102206 DBC1/31/033:33:57 PM\*

File Date 3.24.03

Check No. 898

By: UP

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.

Jennifer Conklin 3/25/03

Signature of Officer Date

Jennifer Conklin

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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. 2. Name of Corporation

102206

JCP ASSOCIATES, INC.

3. Street Address Principal Business Office

City

State

Zip

36 CROCUS DRIVE

CRANSTON

RI

02920

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 944-5511

RHODE ISLAND

0

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

SALES, DISTRIBUTION, AND MARKETING OF VIDEO TELECONFERENCING EQUIPMENT

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

City

State

Zip

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

RI

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

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

50

COMMON

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 2 2 0 6 \*

File Date: 02-11-02

Check No.: 427

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.

Jennifer Conklin 2/5/02  
Signature of Officer Date

JENNIFER CONKLIN

Print or Type Name of Officer

PRESIDENT

Title of Officer



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. **102206** 2. Name of Corporation **JCP ASSOCIATES, INC.**

3. Street Address Principal Business Office

**36 Crocus Drive**

4. Business Phone No.

**(401) 944-5511**

5. State of Incorporation  
**RHODE ISLAND**

City

**Cranston**

State

**RI**

Zip

**02920**

6. SIC Code

**0**

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

**Sales, distribution and marketing of video teleconferencing equipment.**

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

President Name

**JENNIFER CONKLIN**

Street Address

**36 Crocus Dr**

City

State

Zip

**Cranston**

**RI**

**02920**

Secretary Name

**JENNIFER CONKLIN**

Street Address

**36 Crocus Dr**

City

State

Zip

**Cranston**

**RI**

**02920**

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

Director Name

**NONE**

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

**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**50**

**Common**

**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 2 2 0 6 \*

File Date:

**2/23/01**

Check No.:

**6342**

By:

**ICD**

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.

**Jennifer Conklin**  
Signature of Officer

**2/16/01**  
Date

**JENNIFER CONKLIN**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



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.

102206

2. Name of Corporation

JCP ASSOCIATES, INC.

3. Street Address Principal Business Office

36 Crocus Drive

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

(401) 944-5511

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Sales, distribution and marketing of video teleconferencing equipment

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jennifer Conklin

Vice President Name

Jennifer Conklin

Street Address

36 Crocus Drive

Street Address

36 Crocus Drive

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Secretary Name

Jennifer Conklin

Treasurer Name

Jennifer Conklin

Street Address

36 Crocus Drive

Street Address

36 Crocus Drive

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

None

Director Name

None

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

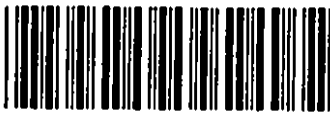
Par Value

50

Common

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 2 2 0 6 \*

3/10/00

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

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.

Jennifer Conklin 2/23/00  
Signature of Officer Date

Jennifer Conklin  
Print or Type Name of Officer

President  
Title of Officer



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. <b>102206</b>		2. Name of Corporation <b>JCP ASSOCIATES, INC.</b>	
3. Street Address Principal Business Office <b>36 Crocus Drive</b>		City <b>Cranston</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 944-5511</b>		5. State of Incorporation <b>Rhode Island</b>	6. SIC Code <b>02920</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sales, distribution and marketing of video teleconferencing equipment.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Jennifer Conklin</b>		Vice President Name <b>Jennifer Conklin</b>	
Street Address <b>36 Crocus Drive</b>		Street Address <b>36 Crocus Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Secretary Name <b>Jennifer Conklin</b>		Treasurer Name <b>Jennifer Conklin</b>	
Street Address <b>36 Crocus Drive</b>		Street Address <b>36 Crocus Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,000 COMM NO PAR VALUE</b>		<b>50</b>	<b>Common</b>
			<b>No Par Val.</b>

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.

Jennifer Conklin 8/6/99  
Signature of Officer Date

Jennifer Conklin

Print or Type Name of Officer

PRESIDENT  
Title of Officer

File Date: 8-10-99  
Check No.: 1100  
By: RL

FOR SECRETARY OF STATE USE ONLY