



**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 *91690*		2. Name of Corporation IRA GREEN, INC.			
3. Street Address Principal Business Office 177 GEORGIA AVENUE			City PROVIDENCE	State RI	Zip 02905
4. Business Phone No. 4014674770		5. State of Incorporation NEW YORK			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, PURCHASE, SELL, ASSEMBLE AND GENERALLY DEALIN NOVELTY JEWELRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael W. McAllister			Vice President Name none		
Street Address 177 Georgia Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Michael W. McAllister			Treasurer Name Michael W. McAllister		
Street Address 177 Georgia Avenue			Street Address 177 Georgia Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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		
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
100 NO PAR VALUE			51	Common	None

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



FILED

\*\*91690\* 1/9/0312:46:25 PM\*

File Date: MAR 28 2005

Check No: 0065306

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] 2/28/05

Signature of Officer Date

Michael W. McAllister

Print or Type Name of Officer

President

Title of Officer



**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. *91690*		2. Name of Corporation IRA GREEN, INC.			
3. Street Address Principal Business Office 177 GEORGIA AVENUE			City PROVIDENCE	State RI	Zip 02905
4. Business Phone No. 4014674770		5. State of Incorporation NEW YORK			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, PURCHASE, SELL, ASSEMBLE AND GENERALLY DEALIN NOVELTY JEWELRY.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Michael W. McAllister			Vice President Name none		
Street Address 177 Georgia Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Michael W. McAllister			Treasurer Name Michael W. McAllister		
Street Address 177 Georgia Avenue			Street Address 177 Georgia Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name none			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
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			51	Common	None
<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					

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



\* 9 1 6 9 0 \*

\*\*91690\* 1/9/03 12:16:25 PM\*

File Date **FILED**

Check No. **FEB 19 2004**

By: **By m20625**

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.

*Michael W. McAllister* 2/9/04  
Signature of Officer Date  
Michael W. McAllister  
Print or Type Name of Officer  
President  
Title of Officer



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 IN BLACK)

1. Corporate ID No. *91690*		2. Name of Corporation IRA GREEN, INC.			
3. Street Address Principal Business Office 177 GEORGIA AVENUE			City PROVIDENCE	State RI	Zip 02905
4. Business Phone No. 4014674770		5. State of Incorporation NEW YORK			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, PURCHASE, SELL, ASSEMBLE AND GENERALLY DEALIN NOVELTY JEWELRY.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b> ( <input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael W. McAllister			Vice President Name		
Street Address 177 Georgia Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Michael W. McAllister			Treasurer Name Michael W. McAllister		
Street Address 177 Georgia Avenue			Street Address 177 Georgia Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b> ( <input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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
<b>10. SHARES AUTHORIZED</b> ( <input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ( <input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			51	Common	None

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



\* 9 1 6 9 0 \*

\*\*91690\* 1/9/0312:16:25 PM\*  
File Date 1-30-03  
Check No. 6054330  
By: kml  
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.

Michael W. McAllister 1/24/03  
Signature of Officer Date  
Michael W. McAllister  
Print or Type Name of Officer  
President  
Title of Officer



**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. **91690** 2. Name of Corporation **IRA GREEN, INC.**  
3. Street Address Principal Business Office **177 Georgia Avenue** City **Providence** State **RI** Zip **02905**  
4. Business Phone No. **467-4770** 5. State of Incorporation **NEW YORK** 6. SIC Code **1883**

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

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

President Name <b>Michael McAllister</b>	Vice President Name
Street Address <b>177 Georgia Avenue</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02905</b>	City State Zip
Secretary Name <b>Michael McAllister</b>	Treasurer Name <b>Michael McAllister</b>
Street Address <b>177 Georgia Avenue</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02905</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02905</b>

**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

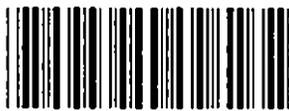
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

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

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**51 Common No Par Value**

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



\* 9 1 6 9 0 \*

File Date: 3-11-02  
Check No.: 49465  
By: [Signature]

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: 2/28/02  
**Michael McAllister**  
Print or Type Name of Officer  
**President**  
Title of Officer

**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. **91690** 2. Name of Corporation **IRA GREEN, INC.**

3. Street Address Principal Business Office  
**177 GEORGIA AVE** City **PROVIDENCE** State **RI** Zip **02905**

4. Business Phone No. **401-467-4770** 5. State of Incorporation **NEW YORK** 6. Year **1983**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture and Distribution of military insignia and accessories**

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

President Name <b>Michael McAllister</b>	Vice President Name <b>Robert David Gilmartin</b>
Street Address <b>26 Central Drive</b>	Street Address <b>100 Elena Street</b>
City State Zip <b>Port Washington NY 11050</b>	City State Zip <b>Cranston RI 02920</b>
Secretary Name <b>Michael McAllister</b>	Treasurer Name <b>Michael McAllister</b>
Street Address <b>same as above</b>	Street Address <b>same as above</b>
City State Zip <b>Port Washington NY 11050</b>	City State Zip <b>Cranston RI 02920</b>

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

Director Name <b>Michael McAllister</b>	Director Name
Street Address <b>26 Central Drive</b>	Street Address
City State Zip <b>Port Washington NY 11050</b>	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  
**100 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**51**

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



File Date: 2/12/2001  
Check No.: 44129  
By: MB  
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: 2-6-01  
Michael McAllister  
Print or Type Name of Officer  
President/Secretary  
Title of Officer



**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. **91690** 2. Name of Corporation **IRA GREEN, INC.**  
3. Street Address Principal Business Office  
**177 Georgia Avenue** City **Providence** State **RI** Zip **02905**  
4. Business Phone No. **401-467-4770** 5. State of Incorporation **NEW YORK** 6. SIC Code **1883**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacturer of military insignia and accessories

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

President Name <b>Michael McAllister</b>	Vice President Name <b>Robert David Gilmartin</b>
Street Address <b>26 Central Drive</b>	Street Address <b>100 Elena St, #903</b>
City State Zip <b>Port Washington NY 11050</b>	City State Zip <b>Cranston RI 02920</b>
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) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Michael McAllister</b>	Director Name
Street Address <b>same as above</b>	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  
**100 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**51**

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



File Date: 2/11/00  
Check No.: 39081  
By: [Signature]

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: 2/2/00  
Michael McAllister  
Print or Type Name of Officer  
President  
Title of Officer



**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. 91690 2. Name of Corporation IRA GREEN, INC.  
3. Street Address Principal Business Office 177 Georgia Avenue City Providence State RI Zip 02905  
4. Business Phone No. (401) 467-4770 5. State of Incorporation NEW YORK 6. SIC Code 1883

7. Brief Description of the Character of Business Conducted in Rhode Island  
Manufacture, purchase and sale of novelty jewelry, military insignia and accessories

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

President Name	Vice President Name
<u>David Perry</u>	<u>David Perry</u>
Street Address	Street Address
<u>71 Donald Lewis Drive</u>	<u>71 Donald Lewis Drive</u>
City	City
<u>Seekonk</u>	<u>Seekonk</u>
State	State
<u>MA</u>	<u>MA</u>
Zip	Zip
<u>02771</u>	<u>02771</u>
Secretary Name	Treasurer Name
<u>David Perry</u>	<u>David Perry</u>
Street Address	Street Address
<u>71 Donald Lewis Drive</u>	<u>71 Donald Lewis Drive</u>
City	City
<u>Seekonk</u>	<u>Seekonk</u>
State	State
<u>MA</u>	<u>MA</u>
Zip	Zip
<u>02771</u>	<u>02771</u>

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

Director Name	Director Name
<u>Irving Gerb</u>	<u>David Perry</u>
Street Address	Street Address
<u>4 Crofton Court</u>	<u>71 Donald Lewis Drive</u>
City	City
<u>Lambertville</u>	<u>Seekonk</u>
State	State
<u>NJ</u>	<u>MA</u>
Zip	Zip
<u>028530</u>	<u>02771</u>
Director Name	Director Name
<u>None</u>	<u>None</u>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>100 SHS</u>	<u>NO PAR VALUE</u>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>51</u>	<u>Common</u>	<u>No Par Value</u>

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

File Date: Feb 10, 1999  
Check No.: 321799  
By: JD

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.

David J Perry 2-5-99  
Signature of Officer Date  
David Perry  
Print or Type Name of Officer  
President  
Title of Officer

**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. **91690** 2. Name of Corporation **IRA GREEN, INC.**  
3. Street Address Principal Business Office  
**177 Georgia Avenue** City **Providence** State **RI** Zip **02905**  
4. Business Phone No. **(401) 467-4770** 5. State of Incorporation **NEW YORK** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture, purchase and sale of novelty jewelry, military insignia and accessories**

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

President Name  
**William McAllister**  
Street Address  
**85 Westfield Drive**  
City **East Greenwich** State **RI** Zip **02818**

Vice President Name  
**David Perry**  
Street Address  
**71 Donald Lewis Drive**  
City **Seekonk** State **MA** Zip **02771**

Secretary Name  
**David Perry**  
Street Address  
**71 Donald Lewis Drive**  
City **Seekonk** State **MA** Zip **02771**

Treasurer Name  
**William McAllister**  
Street Address  
**85 Westfield Drive**  
City **East Greenwich** State **RI** Zip **02818**

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

Director Name  
**Irving Gerb**  
Street Address  
**4 Crofton Court**  
City **Lambertville** State **NJ** Zip **08530**  
Director Name  
**Bruce Stein**  
Street Address  
**5 Primrose Place**  
City **Summit** State **NJ** Zip **02790**

Director Name  
**David Perry**  
Street Address  
**71 Donald Lewis Drive**  
City **Seekonk** State **MA** Zip **02771**  
Director Name  
**None**  
Street Address  
**None**  
City **None** State **None** Zip **None**

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

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

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**52 Common No Par Value**

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



File Date: **3-3-98**  
Check No.: **31827**  
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: **2-27-98**  
**David Perry**  
Print or Type Name of Officer  
**Vice President and Secretary**  
Title of Officer



**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. **91690** 2. Name of Corporation **IRA GREEN, INC.**

3. Street Address Principal Business Office **177 Georgia Avenue** City **Providence** State **RI** Zip **02905**  
4. Business Phone No. **(401) 467-4770** 5. State of Incorporation **NEW YORK** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture, purchase and sell novelty jewelry, military insignia and accessories**

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

President Name **William McAllister**  
Street Address **85 Westfield Drive**  
City **East Greenwich** State **RI** Zip **02818**

Vice President Name **David Perry**  
Street Address **71 Donald Lewis Drive**  
City **Seekonk** State **MA** Zip **02771**

Secretary Name **David Perry**  
Street Address **71 Donald Lewis Drive**  
City **Seekonk** State **MA** Zip **02771**

Treasurer Name **William McAllister**  
Street Address **85 Westfield Drive**  
City **East Greenwich** State **RI** Zip **02818**

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

Director Name **Irving Gerb**  
Street Address **4 Crofton Court**  
City **Lambertville** State **NJ** Zip **08530**

Director Name **David Perry**  
Street Address **71 Donald Lewis Drive**  
City **Seekonk** State **MA** Zip **02771**

Director Name **Bruce Stein**  
Street Address **5 Primrose Place**  
City **Summit** State **NJ** Zip **02790**

Director Name **None**  
Street Address  
City State 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
100 SHS	NO PAR VALUE		52	Common	No Par Value

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



\* 9 1 6 9 0 \*

File Date: 2/21/97  
Check No.: 27023  
By: [Signature]

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 2-11-97

Print or Type Name of Officer David Perry  
Title of Officer Vice President and Secretary