



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. 92610 2. Name of Corporation CG SOUTH CORP.
3. Street Address Principal Business Office 670 NORTH MAIN STREET City PROVIDENCE State RI Zip 02904
4. Business Phone No. 4014539300 5. State of Incorporation RHODE ISLAND 6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT AS A GENERAL PARTNER OF A LIMITED PARTNERSHIP.

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

| | |
|--|--|
| President Name Lucille P. Massemينو | Vice President Name None |
| Street Address 100 Randall Street City Providence State RI Zip 02904 | Street Address City State Zip |
| Secretary Name Kathryn H. Tingley | Treasurer Name Ivette R. Fantasia |
| Street Address 100 Randall Street City Providence State RI Zip 02904 | Street Address 154 Danielson Pike City North Scituate State RI Zip 02857 |

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

| | |
|---|--|
| Director Name Paul S. Davenport | Director Name Robert S. Gershkoff |
| Street Address 100 Randall Street City Providence State RI Zip 02904 | Street Address 100 Randall Street City Providence State RI Zip 02904 |
| Director Name Frances G. Richard | Director Name None |
| Street Address 190 Trimtown Road City North Scituate State RI Zip 02857 | Street Address City State Zip |

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

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------------|
| 8,000 | | \$.01 PAR VALUE |

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

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 100 | com | \$1 |

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



FILED

92610 DBC 03/10/05 03:43:32 PM
File Date MAR 13 2005
Check No. 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] 3/16/05
Signature of Officer Ivette R. Fantasia Date
Print or Type Name of Officer
Treasurer
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. 92610 | | 2. Name of Corporation CG SOUTH CORP. | |
| 3. Street Address Principal Business Office 670 NORTH MAIN STREET | | City PROVIDENCE | State RI |
| | | Zip 02904 | |
| 4. Business Phone No. 4014539300 | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 8888 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A GENERAL PARTNER OF A LIMITED PARTNERSHIP. | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Lucille P Massemينو | | Vice President Name None | |
| Street Address 100 Randall Street | | Street Address . | |
| City Providence | State RI | Zip 02904 | |
| Secretary Name Kathryn H Tingley | | Treasurer Name Ivette R Fantasia | |
| Street Address 100 Randall Street | | Street Address .154 Danielson Pike | |
| City Providence | State RI | Zip 02904 | City North Scituate |
| | | State RI | Zip 02857 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name Paul S Davenport | | Director Name Robert S Gershkoff | |
| Street Address 100 Randall Street | | Street Address .100 Randall Street | |
| City Providence | State RI | Zip 02904 | City Providence |
| | | State RI | Zip 02904 |
| Director Name Frances G Richard | | Director Name None | |
| Street Address 190 Trimtown Road | | Street Address . | |
| City North Scituate | State RI | Zip 02857 | |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| AUTHORIZED SHARES | | | |
| Number of Shares | Class/Series | Par Value | |
| 8,000 | \$.01 PAR VALUE | | |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| ISSUED SHARES | | | |
| Number of Shares | Class/Series | Par Value | |
| 100 | com | \$1 | |

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



9 2 6 1 0

92610 DBC 02/31/04 12:08:33 PM

FILED

File Date _____

Check No. MAR 31 2004

By: M26922

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.

Ivette R. Fantasia 3/31/04

Signature of Officer Date

Ivette R Fantasia

Print or Type Name of Officer

Treasurer

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 OR PRINTED IN BLACK)

1. Corporate ID No. **92610** 2. Name of Corporation **CG SOUTH CORP.**
3. Street Address Principal Business Office **670 North Main Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **401 453-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
To act as General Partner of a Limited Partnership

| | |
|-----------------------|-------------------------------|
| President Name | Vice President Name |
| Lucille P Massemينو | None |
| Street Address | Street Address |
| 100 Randall Street | |
| City | City |
| Providence RI | |
| State | State |
| RI | |
| Zip | Zip |
| 02904 | |
| Secretary Name | Treasurer Name |
| Kathryn H Tingley | Ivette R Fantasia |
| Street Address | Street Address |
| 670 North Main Street | PO Box 356 154 Danielson Pike |
| City | City |
| Providence RI | North Scituate RI |
| State | State |
| RI | RI |
| Zip | Zip |
| 02904 | 02857 |

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

| | |
|-----------------------|-----------------------|
| Director Name | Director Name |
| Paul S Davenport | Robert S Gershkoff |
| Street Address | Street Address |
| 670 North Main Street | 670 North Main Street |
| City | City |
| Providence RI | Providence RI |
| State | State |
| RI | RI |
| Zip | Zip |
| 02904 | 02904 |
| Director Name | Director Name |
| Frances G Richard | None |
| Street Address | Street Address |
| 190 Trimtown Rd. | |
| City | City |
| North Scituate RI | |
| State | State |
| RI | |
| Zip | Zip |
| 02857 | |

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|------------------|
| 8,000 | | \$0.01 PAR VALUE |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| 100 | COM | \$1 |

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



* 9 2 6 1 0 *

File Date: 10-20-03

Check No.: 2761

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.

Ivette R. Fantasia 10/16/03
Signature of Officer Date

Ivette R Fantasia
Print or Type Name of Officer
Treasurer



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. **92610** 2. Name of Corporation **CG SOUTH CORP.**
3. Street Address Principal Business Office **670 NO. Main St.** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **401 453-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
To act as General Partner of a Limited Partnership

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

| | |
|--|---|
| President Name Lucille P Massemino Street Address 100 Randall St City Providence State RI Zip 02904 | Vice President Name None Street Address City State Zip |
| Secretary Name Kathryn H Tingley Street Address 670 No Main St City Providence State RI Zip 02904 | Treasurer Name Ivette R Fantasia Street Address PO BX 356 154 Danielson Pike City N. Scituate State RI Zip 02857 |

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

| | |
|---|---|
| Director Name Paul S Davenport Street Address 670 No Main St City Providence State RI Zip 02904 | Director Name Robert S Gershkoff Street Address 670 No Main St. City Providence State RI Zip 02904 |
| Director Name Frances G Richard Street Address 190 Trimtown Rd City No Scituate State RI Zip 02857 | Director Name None Street Address City State Zip |

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Com \$1

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



* 9 2 6 1 0 *

File Date: 9-12-02
Check No.: 2396
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.
Ivette R. Fantasia 9/11/02
Signature of Officer Date
Ivette R Fantasia
Print or Type Name of Officer
Treasurer
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. **92610** 2. Name of Corporation **CG SOUTH CORP.**
 3. Street Address Principal Business Office **670 No Main St** City **Providence** State **RI** Zip **02904**
 4. Business Phone No. **401 453-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
To act as General Partner of a Limited Partnership

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

| | |
|---|--|
| President Name Lucille Massemino | Vice President Name None |
| Street Address 100 Randall St | Street Address |
| City Providence State RI Zip 02904 | City State Zip |
| Secretary Name Kathryn H Tingley | Treasurer Name Ivette R Fantasia |
| Street Address 670 No Main St | Street Address PO BX 356 |
| City Providence State RI Zip 02904 | City No Scituate State RI Zip 02857 |

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

| | |
|--|---|
| Director Name Paul S Davenport | Director Name Robert S Gershkoff |
| Street Address 670 No Main St | Street Address 670 No Main St |
| City Providence State RI Zip 02904 | City Providence State RI Zip 02904 |
| Director Name Frances G Richard | Director Name None |
| Street Address 190 Trimtown Rd | Street Address |
| City No Scituate State RI Zip 02857 | City State Zip |

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

AUTHORIZED SHARES

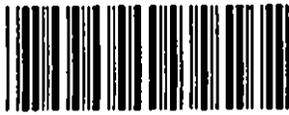
| | | |
|------------------|--------------|------------------------|
| Number of Shares | Class/Series | Par Value |
| 8,000 SHS | | \$.01 PAR VALUE |

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

ISSUED SHARES

| | | |
|------------------|--------------|-------------|
| Number of Shares | Class/Series | Par Value |
| 100 | Com | \$01 |

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



* 9 2 6 1 0 *

File Date: 9/7/01
 Check No.: 1924
 By: GSA

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.

Ivette R. Fantasia 9/6/01
 Signature of Officer Date
Ivette R Fantasia
 Print or Type Name of Officer
Treasurer
 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. **92610** 2. Name of Corporation **CG SOUTH CORP.**
3. Street Address Principal Business Office **670 No. Main St.** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **401 453-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
To act as General Partner of a Limited Partnership

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

| | |
|--|--|
| President Name Lucille Massemino Street Address 100 Randall St City Providence State RI Zip 02904 | Vice President Name None Street Address City State Zip |
| Secretary Name Kathryn H Tingley Street Address 670 No Main St City Providence State RI Zip 02904 | Treasurer Name Ivette R Fantasia Street Address PO BX 356 City N. Sittuate State RI Zip 02857 |

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

| | |
|---|---|
| Director Name Paul S. Davenport Street Address 670 No Main St City Providence State RI Zip 02904 | Director Name Robert S. Gershkoff Street Address 670 No. Main St. City Providence State RI Zip 02904 |
| Director Name Frances G Richard Street Address 190 Trintown Rd City N. Sittuate State RI Zip 02857 | Director Name None Street Address City State Zip |

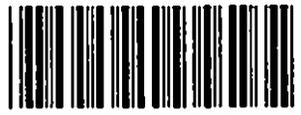
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Number of Shares | Class/Series | Par Value |
|-------------------|------------------|------------------------|-----------|
| | 8,000 SHS | \$.01 PAR VALUE | |

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

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|--------------|------------|
| | 100 | Com | \$1 |

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



* 9 2 6 1 0 *

File Date: 5/25/00
1630
Check No.: _____
2
By: _____

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.

Ivette R. Fantasia 5/24/00
Signature of Officer Date
Ivette R. Fantasia
Print or Type Name of Officer
Treasurer
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. **92610** 2. Name of Corporation **CG SOUTH CORP.**

3. Street Address Principal Business Office **670 NORTH MAIN STREET** City **PROVIDENCE** State **RI** Zip **02904**

4. Business Phone No. **(401)453-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT AS GENERAL PARTNER OF A LIMITED PARTNERSHIP

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

President Name **LUCILLE P MASSEMINO** Vice President Name **NONE**

Street Address **100 RANDALL STREET**
City **PROVIDENCE** State **RI** Zip **02904**

Secretary Name **KATHRYN H TINGLEY**

Street Address **670 NORTH MAIN STREET**
City **PROVIDENCE** State **RI** Zip **02904**

Street Address
City
State
Zip

Treasurer Name **IYETTE R FANTASIA**

Street Address **PO BOX 356**
City **NORTH SCITUATE** State **RI** Zip **02857**

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

Director Name **PAUL S DAVENPORT**
Street Address **670 NORTH MAIN STREET**
City **PROVIDENCE** State **RI** Zip **02904**

Director Name **FRANCES G RICHARD**
Street Address **190 TRIMTOWN ROAD**
City **NORTH SCITUATE** State **RI** Zip **02857**

Director Name **ROBERT S GERSHKOFF**
Street Address **670 NORTH MAIN STREET**
City **PROVIDENCE** State **RI** Zip **02904**

Director Name **NONE**
Street Address
City
State
Zip

RECEIVED
STATE OF RHODE ISLAND
CORPORATIONS DIVISION
MAR 17 1 28 PM '99

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 SHS \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COM \$1

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



File Date: 5/10/99
Check No.: 1434
By: KHD
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 Ivette R. Fantasia Date 5/29/99
Print or Type Name of Officer Ivette R Fantasia
Title of Officer Treasurer

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. **92610** 2. Name of Corporation **CG SOUTH CORP.**

3. Street Address Principal Business Office **670 North Main Street** City **Providence** State **RI** Zip **02904**

4. Business Phone No. **(401)453-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
To act as general partner of a limited partnership

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

President Name **Lucille P Massemino**
Street Address **100 Randall Street**
City **Providence** State **RI** Zip **02904**

Vice President Name **none**
Street Address
City State Zip

Secretary Name **Kathryn H Tingley**
Street Address **670 North Main Street**
City **Providence** State **RI** Zip **02904**

Treasurer Name **Ivette R Fantasia**
Street Address **PO Box 356**
City **No. Scituate** State **RI** Zip **02857**

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

Director Name **Paul S Davenport**
Street Address **670 North Main Street**
City **Providence** State **RI** Zip **02904**

Director Name **Robert S Gershkoff**
Street Address **670 North Main Street**
City **Providence** State **RI** Zip **02904**

Director Name **Frances G Richard**
Street Address **190 Trintown Road**
City **North Scituate** State **RI** Zip **02857**

Director Name **none**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 SHS \$0.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 com \$1

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



File Date: 4.1.98
Check No.: 1200
By: IUP

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.

Ivette R. Fantasia 3/30/98
Signature of Officer Date
Ivette R. Fantasia
Print or Type Name of Officer
Treasurer
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. **92610** 2. Name of Corporation **CG SOUTH CORP.**

3. Street Address Principal Business Office **670 North Main Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **(401)453-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
To act as general partner of a limited partnership

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

| | |
|--|---|
| President Name Lucille P. Massemino | Vice President Name NONE |
| Street Address 100 Randall St. | Street Address |
| City State Zip Providence RI 02904 | City State Zip |
| Secretary Name Kathryn H. Tingley | Treasurer Name Ivette R. Fantasia |
| Street Address 670 North Main Street | Street Address PO Box 356 |
| City State Zip Providence RI 02904 | City State Zip No Scituate RI 02857 |

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

| | |
|--|--|
| Director Name Paul S. Davenport | Director Name Robert S. Gershkoff |
| Street Address 670 North Main Street | Street Address 670 North Main Street |
| City State Zip Providence RI 02904 | City State Zip Providence RI 02904 |
| Director Name Frances G. Richard | Director Name NONE |
| Street Address PO Box 356 | Street Address |
| City State Zip North Scituate RI 02857 | 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 |
| 8,000 SHS | \$.01 PAR VALUE | | 100 | COMM | \$1 |

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



File Date: 3-11-97
Check No.: 1035
By: UP

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.
Ivette R. Fantasia 3/1/97
Signature of Officer Date
Ivette R. Fantasia
Print or Type Name of Officer
Treasurer
Title of Officer