

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

Corporations Division Providence, RI 02903-1335

2005

Matthew A. Brown, Secretary of State:

FILED

MAR 0 2 2005

FOR SECRETARY OF STATE USE ONLY

100 North Main Street 401.222.3040

Curporate ID No.	2. Name of Corporate			-			
87913 Street Address Principal Busine		Live Audio, Inc.	- Communication of the communi	State 0	Zip		
10 Levesqui	~ 1 } \alpha .		"Sinithfield	1 RI	02917		
Business Phone No.	(2)	5. State of Incorporation			6. SIC Code		
(40i) 233-2887 RHODE ISLAND Thrief Description of the Character of Business Conducted in Rhode Island			<u> </u>		9811		
OWN AND MAINTAIN	MÓBILE SOUND REI	NFORCEMENT EQUIPME	ENT.				
NAMES AND ADDRESS	ES OF THE OFFICE	RS: ("X" BOX FOR ATT	• •	PACES BEFORE USIN	IG ATTACHMENTS		
Ident Name	Longhai		Vice President Name ACOVES A	1 mila.i			
<u> PTT TEC</u> FL CC Address	Lonchay		Street Address	Lonchay	.		
10 Levesque	DR '		10 Levesuve	DR '			
Smithfield	State & I	2ip 02917	"Smithfield	State ET	zφ 02917		
cretary Name			Treasurer Name				
Jennifer A.	Londray		JACQUES H. 1	worknay			
revi Address	7		Street Address	Street Address			
10 Levesous DE			10 Levesque DR				
		Tau	1		9:4		
	State 2	2ip 02917	"3mith/ield	State RT	Zip 02917		
SM HIT for Id NAMES AND ADDRESS	<i>L_1</i>	02917	SM 1+17/12 C		02917		
Sm Hn held	ES OF THE DIRECTO	02917	Sy ithtie kl	State 2T	02917		
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SM HITTOCK NAMES AND ADDRESS TEGORNAMO JENNIFOC A TO LEVESQUE	Linchay	02917 ORS: (*X" BOX FOR A	SM 1+17/12/C/ TTACHMENT) [] FILL IN Director Name	State 2T	02917		
SM HITTOR IC NAMES AND ADDRESS REGOT Name JENNIFE A PET AddIPTS 10 LEVESQUE SMITHIZE	Long hay	02917 ORS: (*X" BOX FOR A	City. SM 1+12 12 1C TTACHMENT) [] FILL IN Director Name Street Address City	SIGNE FORE US	02917 ING ATTACHMENTS		
SM HITTO IC NAMES AND ADDRESS NEGOT Name JEDDIFC A PORT Address IU LEVES QUE SMITHIELD	Linchay	02917 ORS: (*X" BOX FOR A	SM 14/2/12/C/ STACHMENT) [FILL IN Director Name Street Address	SIGNE FORE US	02917 ING ATTACHMENTS		
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NAMES AND ADDRESS TOTAL POLICY AND ADDRESS TOTAL POLICY AND ADDRESS TOTAL POLICY ADDR	State State Class/Scries	D2917 ORS: (*X* BOX FOR A Zip EZ 417 Zip Par Value	City Director Name Street Address City 11. SHARES ISSUED (* ISSUED SHARES Number of Shares	State State State State Class/Series	O 2 4 17 ING ATTACHMENTS Zip		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements



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

			FOR THE YEAR	2004_					
Filing Period: January 1 - M. FORM MUST BE TYPED OR PRIN	• •	Fee: \$50.00							
. Corporate ID No.	2. Name of Corporation	2. Name of Corporation							
87913	New England Liv	New England Live Audio, Inc.							
. Street Address Principal Business C			City	State	Zip C 17				
16 Levesque	<u>DR</u>		Smithfield	KL	02917				
Business Phone No.		5. State of Incorporation			6. SIC Code				
<u>(401) 233-288°</u>		RHODE ISLAND			9811				
. Brief Description of the Character of Business Conducted in Rhode Island OWN AND MAINTAIN MOBILE SOUND REINFORCEMENT EQUIPMENT.									
	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)	CES BEFORE USING AT	TACHMENTS				
resident Name	1		Vice President Name	4					
JENNIFER A.	LONCHAY		JACQUES A.L	ONCHAY					
10 LEVESOUE	DR.		Sircei Address 10 LEVESQUE	DR.					
SM ITHFIELD	State RI	Zip 02917	CON SMITHFIELD TO LEVESQUE	State	7.1p 02917				
Correlary Name SENNIFER A	CNCHAY		JACQUES A. LONCHAY						
treet Address			Street Address						
10 LEVESQUE.	DR		10 LEVESQUE DR						
SMITHFIELD	State	7.ip 02917	SMITHFIELD)	State	02917				
. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SP	ACES BEFORE USING	ATTACHMENTS				
Director Name			Director Name						
Ireet Address			Street Address						
iny.	State	Zıp	City	State	Zip				
	<u> </u>	.]		<u>.</u>	l				
Director Name			Director Name						
Tree Address			Street Address						
City	State	Zip	City	State	Zψ				
O. SHARES AUTHORIZED UTHORIZED SHARES	 ("X" BOX FOR ATTA	ACHMENT)	: 11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME.	NT) [
tumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value				
100 NO PAR VALUE			100		NONE				

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

	* 8 7 9 1 3 *
File Date	3.704
Check No.	0773
Ву:	ΙΨ
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare a including any accompanying scheduling		•
compained herein are true and correct	t.	/ - / ·
	sichay	=2/:29/04
Signature of Officer		Dore
Venniter A.L.	oncliay	
Print or Type Name of Officer		
Fresident		
Title of Officer		

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ filing Period: January 1-March 1 • Filing Fee: \$50.00

	., , , , , , , , , , , , , , , , , , ,				11.511.
FORM MUST BE TYPED OR PR					
1. Corporate ID No. 87913	2. Name of Corporati	on I Live Audio, Inc.			
2 Street Address Principal Busin	-		SMITHFIELD	State RI	0291
4. Business Phone No. (401)233-2887		5. State of Incorporation RHODE ISLANI)		6. SIC Code 9811
7. Biter Description of the Chara Sound System					
8. NAMES AND ADDR President Name	•	CERS (*X* BOX FOR ATTAC	Vice President Name	EFORE USING ATTAC	CHMENTS
JENNIFER Street Address			JACQUES A. L SILER Address 10 Levesoue	onchay	
"10" Levesqu	States—	zip 02917	Smithfield	DK State	zip 02917
OMITATICEU Secietary Name JENN I FÉR	A Londay	02111	Treasurer Nome JACQUES A. L	unday	DETT
Street Address 10 LEVESGUE D) <u>,</u>		10 LEVESQUE D	κ '	
Smithfield	State	02917	Smithfield	State KI	02917
9. NAMES AND ADDR Director Name Jennifer		CTORS (*X* BOX FOR AT.	Director Name JACOVES LUCIO	1	ACHMENTS
D LEVESUUE	DR States—	Zip	Street Address D L 2 V 2 SQUE	DR state RT	Zip
SmHhfield Director Name	K.	02417	SMITHIZIA Director Name	K.L	02917
Street Address			Street Address		

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

AUTHORIZED SHARES

City

Number of Shares

Class/Series

State

Par Value

Zip

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

ISSUED SHARES

City

Number of Shares

Class/Series

State

Par Value

Zip

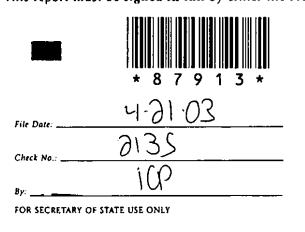
100

NONE

Form 630 12/02

100 NO PAR VALUE

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 thagall statements contained herein are true and correct.

Edward S. Inman, 111, 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 BLA	ACK)				
1. Carporate ID No.	2. Name of Corporation	, i]	11, 7		
?7913	New Er	aglained Live	Audio Inc. Smithfield	State	Zip
3. Street Address Principal Business	DEIVE	J	Smithfield	State £ I	02917
4. Business Phone No.	. XX(10C	S. State o <u>f In</u> corporation	Simonació		6. SIC Code
401 233-2	887	R <u>I</u>			9811
		Rhode Island	1 11 0 · 1 · 1 · 1	. 11 F	
		e Jound a'ncl	A/V Reintrucem	All Equipm	ין רוְשְרוּו
8. NAMES AND ADDRES		ERS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTA	CHMENTS
Jennifer A	. Longhall		JACQUES A.	LunchAV	
Street Address	Lonering		Creer Address		
10 Leve sque	DR .		10 Levesque	<i>UR</i>	
10 Leve sque clly Smithfield	State	U2917	"Sm Hhfield	State T	02917
	<u>رٽ</u>	02/1/	Treasurer Name	10-1	06-777
Secretary Name			ticasmici tramt		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SEE OF THE DIDE	TODS PYS BOY FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING AT	ra <i>c</i> hments
Director Name	,	CIORS (A BOX FOR AF	••••		
Jennifek A	. Lonchay		JACQUES A.	. Lonchay	
Street Address			Street Address	,	
C	5 1-4-	Zip	City	State	Zip
City	State	ziy	City .	3(4)(y
Director Name	•	** ' ***	Director Name		•
Street Address			Street Address		
City	State	Zip	City	Siate	Zip
Sily	3,5,1	2.7	J.,,	<u></u>	
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	· (T)
AUTIHORIZED SHARES			ZSRAFE CITUZZI		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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· -			<u> </u>		
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		· -	•		

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.
File Date:3/// 3002	Leveler Garchay 3/1/02
1974	Signoture of Officery Date
Check No.:	Udenniter H. Lonenay
. 45	Print pa Type Name of Officer
Ву:	- Prosident
FOR SECRETARY OF STATE USE ONLY	Title of Officer
	Fnrm 630 12/01

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2001</u>

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 913	2 Name of Corporation	d Live Audio,	Inc.		
3. Street Address Principal Busines			c _{lry} Smithfield	State RI	zip 02917
10 Leveque D 4. Business Phone No. (401) 233-28 7. Brief Description of the Charact	87	5. State of Incorporate RHODE ISL		K1	6. 5864
Sound system 8. NAMES AND ADDRE President Name			- & engineering, F TACHMENT) FILLIN SPACES Vice President Name	Rental produ BEFORE USING ATT	ctions ACHMENTS
Jennifer A. Street Address	Lonchay		Jacques A. Lo	onchay	
10 Levesque	Drive	•	10 Levesque Dr	rive	
City	State	Zip	Ciry	State	Zip
Smithfield, Secretary Name	RI	02917	Smithfield Treasurer Name	RI	02917
Jennifer A. Street Address	Lonchay		Jacques A. Lo	onchay	
10 Levesque	Drive		10 Levesque [rive	
City	State	Zip	City	State	ZIp
Smithfield	RI	02917	Smithfield	RI	02917
9. NAMES AND ADDRE Director Name	SSES OF THE DIREC	CTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	TTACHMENTS
Jennifer A. Street Address	Lonhay		Jacques A. Lor	nchay	
10 Levesque	Drive		10 Levesque Di	rive	
City	State	Zip	Čity .	State	Zip
Smithfield Director Name	RI	02917	Smithfield Director Name	R O	02917
Director Name			Butto pane		
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMI	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALU	JE		100		

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

Title of Officer



File Date:	FILED	
	113R 0 1 2001	
8y:	By 101824	
FOR SECRETAR	LY 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.

Significant Date

Date

Pring for Type Name of Officer

Cl Sident



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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLIASE READ INSTRUCTIONS

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(FORM MUST BE TYPED 1. Corporate ID No.	O IN BLACK) 2. Name of Corporation				
•	• •		_		
87913 3. Street Address Principal	Business Office New Engla	and Live Audio	inc.	State	Zip
10 Levesque 4. Business Phone No.	Drive	5. State of Incorporation	Smithfield	RI	6. S12 201.7
(401) 233-21 7. Brief Description of the	887 Character of Business Conducted in R	Rhode Ilsha	ińd		9811
	orcement / Renta odresses of the office				
Jennifer A. Street Address	Lonchay		Jacques A. Lo	nchay	, , ,
10 Levesque	Drive State	Zip	10 Levesque D	rive State	Zip 🖰
Smithfield Secretary Name	RI	02917	Smithfield Treasurer Name	RI	ر 02917
Jennifer A. Street Address	Lonchay		Jacques A. Lo	nchay	
10_{City} Levesque	Drive State	Zip	10 Levesque Dr	ivę _{tate}	=Z10
Smithfield 9. NAMES AND AI Director Name	RI DDRESSES OF THE DIREC	02917 TORS ("x" BOX FOR ATTA	Smithfield CHMENT) Director Name	RI	02917
Jennifer A. Street Address	Lonchay		Jacques A. Lo	nchay	
10_{City} Levesque	Drive State	Zip	10 Levesque D	rive State	Zip
Smithfield Director Name	RI	02917	Smithfield Director Name	RI .	02917
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTH	ORIZED (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*)	C BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

100

File Date:	FILED
Check No.:	MAY 1 2 2000
By:	70#g
,	DE STATE USE ONLY 273207

100 shares no par value

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.

La il A Lankale al

Genney Jonchay 3/1

Signature of Officer

Jennifer A. Lonchay

Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

STOP PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	,				
(FORM MUST BE TYPED IN					
1. Corporate ID No. 8791	3 2. Name of Corporation		_		
05-0488987 3. Street Address Principal Bus	New England	d Live Audio,	Inc.	State	Zip
10 Levesque 4. Business Phone No.	Drive	5. State of Incorporation	Smithfield	RI	02917 6. SIC Code
(401) 233-28 7. Brief Description of the Cha	87 tracter of Business Conducted in Rhod	Rhode Island	l		9811
Sound Reinfr 8. NAMES AND ADD President Name	resses of the officer	l Production S ("x" BOX FOR ATTACHM	Services (ENT) Vice President Name	-	. •
Jennifer A. Street Address	LOnchay		Jacques A. Lo	nchay	
10 Levesque	Drive State	Zip	10 Levesque D	rive State	Zip
Smithfield, Secretary Name	RI RI	02917	Smithfield Theasurer Name	RI	三 02917 臺 高層
Jennifer A. Street Address	Lonchay		Jacques A. Lo	nchay	
10 Levesque	Drive State	Zip .	10 Levesque D	rive State	CD CO
Smithfield 9. NAMES AND ADD Director Name	RI RESSES OF THE DIRECTO	02917 ORS (*x* BOX FOR ATTAC	Smithfield HMENT) Director Name	RI	- 02917. 图
Jennifer A. Street Address	Lonchay		Jacques A. Lonc Street Address	hay	35° . L
10 Levesque	Drive State	Zip	10 Levesque Dri	Ve State	Zip
Smithfield Director Name	RI	02917	Smithfield Director Name	RI	02917
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOF	RIZED ("X" BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED (*X*)	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

100

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File Date:	MAY 10
Check No.:	MAY 1 2 2000
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Ву:	
FOR SECRETARY OF STATE	USRONLY 2//23 A D

100 Shares no par value

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.

Sensiles O. Lonchare 3/1

Jennifer A. Lonchay.
Print or Type Name of Officer

President

Title of Officer



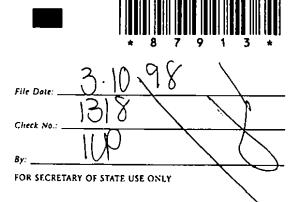
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED IN BLACK)					\
1. Corporate ID No. 87913	2. Name of Corporation New England Li	ive Audio, Inc.			
3. Street Address Principal Business Offi	ice		City	State	Zip
64 Rodman Street	•	5. State of Incorporation	Woonsocket	RI	02895
(401) 762-0687 7. Brief Description of the Character of 1	Business Conducted in Rhoo	RHODE ISLAND te Island			9811
Equipment rental 8. NAMES AND ADDRESSES President Name	s and engin S OF THE OFFICER	eering S (*X* BOX FOR ATTACHN	AENT) Vice President Name		
Jennifer A. Lonc	hay		Jacques A. Lon	chay	
64 Rodman Street	State	Zip	64 Rodman Stre	et state	Zip
Woonsocket, Secretary Name	RI .	02895	Woonsocket,	RI	02895
Jennifer A. Lonc	hay		Jacques A. Lon	chay	
64 Rodman Street	State	Zip	64 Rodman Stre	et State	Zip
WOODSOCKET, 9. NAMES AND ADDRESSES Director Name	RI OF THE DIRECTO	02895 DRS (*x" box for attac	Woonsocket, HMENT) Director Name	RI ·	02895
Jennifer A. Lonc	hay		Jacques A. Lon	chay	
64 Rodman Street	State	Zip	64 Rodman Stre	et _{State}	Zip
Woonsocket Director Name	RI.	02895 ·	Woonsocket,	RI	02895
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALU	JE		100	Common	NONE

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.

Jernifu a. Lonchay

Tenniter A Landaus

Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
/ 401-277-3040

			<i>i</i>	401-27
PROFIT CORPORATION Filing Period: January 1-March 1 • Fil		EPORT 1997	7	STO PLFASE INSTRUCT BEFO
(FORM MUST BE TYPED IN BLACK)			-	THIS FO
1. Corporate ID No. 2. Name of Corporation 87913 New England	Live Audio, Inc.	••		
3. Street Address Principal Business Office 64 Kodman St.		Woonsocket	State RI-	D2895
4. Business Phone No. (401) 762-0687	5. State of incorporation RHODE ISLAN	D		6. SIC Code 98(1
2. Brief Description of the Character of Business Conducted in Rho Sound Reinfor Cement / Rentai		Services		
8. NAMES AND ADDRESSES OF THE OFFICER				
Jacques A. Lorchay Street Address J. Lorchay		Street Address	chay	
64 RODMAN St. City Woonsocket Secretary Name	D2895	Woonsocket	State —	^{zip} 02895
Jennifer A. Lorchay 511111 Agress 64 Rodman St.		Jacques A. Lonch	ay	
Woorkocket Ri	^{Zip} 02895	Woonsocket	Sink KI	zip 02895
9. NAMES AND ADDRESSES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Name		Director Name		
Jacques A. Lonchay Street Address 64 Rodman St.		Street Address		
Woonsocket RI	02895	City	State	Zip
Jennifer A Lonchay	,	Director Name	. ,	
Street Address 64 Rodman St.		Street Address		
Woonsocket R.I.	02895	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED ("X" B	OX FOR ATTACHMENT)			
AUTHÓRIZEI) SHARES		ISSUED SHARES V		

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

Number of Shares

NONE

	* 8 7 9 1 3 *
File Date:	3.S.97
Check No.: _	1087
Ву:	149

Class/Series

Par Value

Number of Shares

100 SHS NO PAR VALUE

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.

| Market | 2-26-96 |
| Siknature of Officer | Date |
| Tenniter A Lonchay |
| Frint or Type Name of Officer |
| Title of Officer |
| Title of Officer |

Class/Series

Par Value