



Office of the Secretary of State  
Matthew A. Brown, Secretary of State

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 OR PRINTED IN BLACK)

1. Corporate ID No. 89414		2. Name of Corporation The Brixton Company			
3. Street Address Principal Business Office 3 Cranberry Court		City Barrington		State RI	Zip 02806
4. Business Phone No. (401) 245-0383		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CONSULTING, ADVISORY AND ASSET MANAGEMENT SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Peterson			Vice President Name		
Street Address 3 Cranberry Ct			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name same as above			Treasurer Name Valerie M. Peterson		
Street Address			Street Address 3 Cranberry Ct		
City	State	Zip	City Barrington	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$1.00 PAR VALUE		100	same	same

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



File Date	2/1/05
Check No.	101
By:	DA
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: Valerie M. Peterson  
Date: 1/05  
Print or Type Name of Officer: Valerie M. Peterson  
Title of Officer: Treasurer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>89414</u>		2. Name of Corporation <u>The Brixton Company</u>			
3. Street Address Principal Business Office <u>3 Cranberry Court</u>			City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>
4. Business Phone No. <u>(401) 245-0383</u>		5. State of Incorporation <u>Rhode Island</u>			6. SIC Code <u>7286</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Consulting</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Robert J. Peterson</u>			Vice President Name		
Street Address <u>3 Cranberry Ct</u>			Street Address		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City	State	Zip
Secretary Name <u>Robert J. Peterson</u>			Treasurer Name <u>Valerie M. Peterson</u>		
Street Address <u>Same as above</u>			Street Address <u>same as above</u>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>\$1.00 Par Value</u>		<u>100</u>	<u>same</u>	<u>same</u>

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

FILED

File Date MAR 26 2004

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

By [Signature]

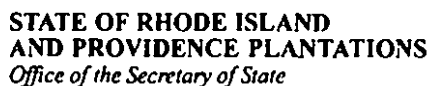
FOR SECRETARY OF STATE USE ONLY

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.

Valerie M. Peterson 3/04  
Signature of Officer Date

Valerie M. Peterson  
Print or Type Name of Officer

Treasurer  
Title of Officer



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

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

**(FORM MUST BE TYPED IN BLACK)**

1. Corporate ID No. 89414		2. Name of Corporation The Brixton Company	
3. Street Address Principal Business Office 3 Cranberry Court		City Barrington	State RI
4. Business Phone No. (401) 245-0383		5. State of Incorporation Rhode Island	6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island Consulting			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert J. Peterson		Vice President Name	
Street Address 3 Cranberry Ct		Street Address	
City Barrington	State RI	Zip 02806	
Secretary Name Robert J. Peterson		Treasurer Name Valerie m. Peterson	
Street Address Same as above		Street Address Same as above	
City	State	Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Robert J. Peterson		Director Name Valerie m. Peterson	
Street Address Same as above		Street Address Same as above	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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	
1000	\$1.00 Par Value		
Number of Shares	Class/Series	Par Value	
100	Same	Same	

*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.

Valerie M. Peterson  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
Valerie M. Peterson  
Print or Type Name of Officer \_\_\_\_\_

Treasurer  
Title of Officer

Form 630 12/01

**FILED**

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

MAR 26 2004

Check No. MAR 26 2004

By \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY



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.

89414

2. Name of Corporation

The Brixton Company

3. Street Address Principal Business Office

3 Cranberry Ct

City

Barrington

State

RI

Zip

02806

4. Business Phone No.

401/245-0387

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

Consulting

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

President Name

Robert J. Peterson

Vice President Name

Street Address

3 Cranberry Ct

Street Address

City

Barrington

State

RI

Zip

02806

City

State

Zip

Secretary Name

Robert J. Peterson

Treasurer Name

Valerie M. Peterson

Street Address

Same as above

Street Address

Same as above

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

Robert J. Peterson

Director Name

Valerie M. Peterson

Street Address

Same as above

Street Address

Same as above

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

1,000 \$1.00 PAR VALUE

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

ISSUED SHARES

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



\* 8 9 4 1 4 \*

File Date: 3-1-02

Check No.: 1694

By: 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, and that all statements contained herein are true and correct.

Signature of Officer

Robert J. Peterson

Date

2/20/02

Print or Type Name of Officer

Title of Officer

President



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. **89414** 2. Name of Corporation **The Brixton Company**  
3. Street Address Principal Business Office **3 Cranberry Court** City **Barrington** State **RI** Zip **02806**  
4. Business Phone No. **401/245-0383** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

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

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

President Name **Robert J. Peterson**  
Street Address **3 Cranberry Ct**  
City **Barrington** State **RI** Zip **02806**

Secretary Name **Valerie M. Peterson**  
Street Address **3 Cranberry Ct**  
City **Barrington** State **RI** Zip **02806**

Vice President Name  
Street Address  
City State Zip  
Treasurer Name **Valerie M. Peterson**  
Street Address **3 Cranberry Ct**  
City **Barrington** State **RI** Zip **02806**

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

Director Name **Robert J. Peterson**  
Street Address **3 Cranberry Ct**  
City **Barrington** State **RI** Zip **02806**

Director Name **Valerie M. Peterson**  
Street Address **3 Cranberry Ct**  
City **Barrington** State **RI** Zip **02806**

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

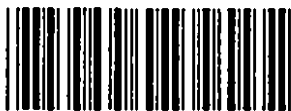
**1,000 SHS \$1.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

**1005shr. Class A 1.00**

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



\* 8 9 4 1 4 \*

File Date: **4-6-01**

Check No.: **1585**

By: **RC**

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 **Robert J. Peterson** Date **4/1/01**

Print or Type Name of Officer **Robert J. Peterson**

Title of Officer **President**



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. **89414** 2. Name of Corporation **The Brixton Company**

3. Street Address Principal Business Office

**3 Cranberry Ct.**

City

**Barrington**

State

**RI**

Zip

**02806**

4. Business Phone No.

**401/245-0383**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**7286**

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

**Consulting**

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

President Name

**Robert J. Peterson**

Vice President Name

**None**

Street Address

**3 Cranberry Ct.**

Street Address

City

**Barrington**

State

**RI**

Zip

**02806**

City

State

Zip

Secretary Name

**Robert J. Peterson**

Treasurer Name

**Valerie M. Peterson**

Street Address

**3 Cranberry Ct**

Street Address

**3 Cranberry**

City

**Barrington**

State

**RI**

Zip

**02806**

City

State

Zip

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

Director Name

**Robert J. Peterson**

Director Name

**Valerie M. Peterson**

Street Address

**3 Cranberry Ct**

Street Address

**3 Cranberry Ct**

City

**Barrington**

State

**RI**

Zip

**02806**

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

**1,000 SHS \$1.00 PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100 Shares**

**\$1.00**

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



\* 8 9 4 1 4 \*

File Date: **2/11/00**

Check No.: **14/05**

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

**Robert J. Peterson**

Print or Type Name of Officer

**President**

Title of Officer

**2/8/00**

Date



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>89414</b>		2. Name of Corporation <b>The Brixton Company</b>	
3. Street Address Principal Business Office <b>3 Cranberry Ct.</b>		City <b>Barrington</b>	State <b>RI</b>
4. Business Phone No. <b>401/245-0383</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>7288</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>Consulting</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Robert J. Peterson</b>		Vice President Name <b>None</b>	
Street Address <b>3 Cranberry Ct</b>		Street Address	
City <b>Barrington</b>	State <b>RI</b>	City	State
Zip <b>02806</b>		Zip	
Secretary Name <b>Robert J. Peterson</b>		Treasurer Name <b>Valerie M. Peterson</b>	
Street Address <b>3 Cranberry Ct.</b>		Street Address <b>3 Cranberry Ct</b>	
City <b>Barrington</b>	State <b>RI</b>	City <b>Barrington</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02806</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Robert J. Peterson</b>		Director Name <b>Valerie M. Peterson</b>	
Street Address <b>3 Cranberry Ct</b>		Street Address <b>3 Cranberry Ct</b>	
City <b>Barrington</b>	State <b>RI</b>	City <b>Barrington</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02806</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000 SHS</b>	<b>\$1.00</b>	<b>PAR VALUE</b>	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>100 shrs</b>		<b>1.00</b>	

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



\* 8 9 4 1 4 \*

File Date: **1/13/99**

Check No.: **1316**

By: **GMA**

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: **1/10/99**

Print or Type Name of Officer: **Robert J. Peterson**

Title of Officer: **President**



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  
401-277-3040



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. **89414** 2. Name of Corporation **The Brixton Company**

3. Street Address Principal Business Office

City

State

Zip

**3 Cranberry Ct.**

**Barrington**

**RI**

**02806**

4. Business Phone No.

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**7286**

**401/245-0383**

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

**Consulting**

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

President Name / Secretary  
**Robert T. Peterson**

Vice President Name / Treasurer  
**Valerie M. Peterson**

Street Address  
**3 Cranberry Ct.**

Street Address  
**3 Cranberry Ct.**

City State Zip  
**Barrington RI 02806**

City State Zip  
**Barrington RI 02806**

Secretary Name  
**See Above**

Treasurer Name  
**See above**

Street Address

Street Address

City State Zip

City State Zip

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

Director Name  
**Robert T. Peterson**

Director Name  
**Valerie M. Peterson**

Street Address  
**3 Cranberry Ct.**

Street Address  
**3 Cranberry Ct.**

City State Zip  
**Barrington RI 02806**

City State Zip  
**Barrington RI 02806**

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

**1,000 SHS \$1.00 PAR VALUE**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 Common \$1**

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



File Date: **2/4/98**

Check No.: **1207**

By: **lib**

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 **Robert T. Peterson** Date **1/19/98**

Print or Type Name of Officer  
**Robert T. Peterson**

Title of Officer  
**President**





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  
401-277-3040



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. **89414** 2. Name of Corporation **The Brixton Company**  
3. Street Address Principal Business Office **3 Cranberry Ct.** City **Barrington** State **RI** Zip **02806**  
4. Business Phone No. **401 / 245-0383** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Consulting and Real Estate Advisory Services**

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

President Name **Robert J. Peterson** Vice President Name **Valerie M. Peterson**  
Secretary Name **See above** Treasurer Name **See above**  
Street Address **3 Cranberry Ct.** Street Address **3 Cranberry Ct.**  
City **Barrington** State **RI** Zip **02806** City **Barrington** State **RI** Zip **02806**

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

Director Name **Robert J. Peterson** Director Name **Valerie M. Peterson**  
Street Address **3 Cranberry Ct.** Street Address **3 Cranberry Ct.**  
City **Barrington** State **RI** Zip **02806** City **Barrington** State **RI** Zip **02806**  
Director Name **None** Director Name  
Street Address **None** Street Address  
City **None** State **None** Zip **None** City **None** State **None** Zip **None**

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
1,000 SHS	\$1.00 PAR VALUE		100 shs	Comm	1.00

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



\* 8 9 4 1 4 \*

File Date: **1-22-97**  
Check No.: **10062**  
By: **ICP** **WLC**

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 **Robert J. Peterson** Date **12/30/96**  
Print or Type Name of Officer **President**  
Title of Officer