



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

2005

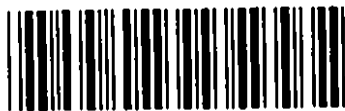
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 94818		2. Name of Corporation Valley Heating & Cooling, Inc.			
3. Street Address Principal Business Office 1146 Main Street			City Wyoming	State RI	Zip 02898
4. Business Phone No. 401-539-0400		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island TO INSTALL AND REPAIR HEATING AND COOLONG SYSTEMS ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas D. Rekowski			Vice President Name Same		
Street Address 1146 Main Street			Street Address		
City Wyoming	State RI	Zip 02898	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
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 N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
2,000 COMM \$1.00 PAR VALUE			100	Common	\$ 1.00

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



File Date	7-13-05
Check No.	9745
By:	2c
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: Thomas D. Rekowski Date: 3/28/05  
Print or Type Name of Officer: Thomas D. Rekowski  
Title of Officer: President



**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. <b>94818</b>		2. Name of Corporation <b>Valley Heating &amp; Cooling, Inc.</b>			
3. Street Address Principal Business Office <b>1146 MAIN STREET</b>			City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
4. Business Phone No. <b>401-539-0400</b>		5. State of Incorporation <b>Rhode Island</b>			6. SIC Code <b>232</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>HVAC</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Thomas D. Rekowski</b>			Vice President Name <b>Thomas D. Rekowski</b>		
Street Address <b>1146 Main Street</b>			Street Address <b>Same</b>		
City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>Same</b>	State <b>RI</b>	Zip <b>02898</b>
Secretary Name <b>Thomas D. Rekowski</b>			Treasurer Name <b>Thomas D. Rekowski</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>Same</b>	State <b>RI</b>	Zip <b>02898</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address <b>N/A</b>			Street Address <b>N/A</b>		
City <b>N/A</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>N/A</b>	State <b>RI</b>	Zip <b>02898</b>
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address <b>N/A</b>			Street Address <b>N/A</b>		
City <b>N/A</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>N/A</b>	State <b>RI</b>	Zip <b>02898</b>
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 <b>2,000</b>	Class/Series <b>Comm S</b>	Par Value <b>1.00</b>	Number of Shares <b>100</b>	Class/Series <b>Common</b>	Par Value <b>\$1.00</b>

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

File Date 3/24/04  
Check No. 8108  
By: US.

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 Thomas D. Rekowski Date 3/17/04  
Print or Type Name of Officer Thomas D. Rekowski  
Title of Officer Pres.



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 OR PRINTED IN BLACK)

1. Corporate ID No. **94818**  
2. Name of Corporation **Valley Heating & Cooling, Inc.**  
3. Street Address Principal Business Office  
**1146 Main Street**  
4. Business Phone No. **401-539-0400**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Wyoming** State **RI** Zip **02898**  
6. SIC Code **232**

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

President Name	Vice President Name
Thomas D. Rekowski	Thomas D. Rekowski
Street Address	Street Address
1146 Main Street	Same
City	City
Wyoming	Same
State	State
RI	State
Zip	Zip
02898	Zip
Secretary Name	Treasurer Name
Thomas D. Rekowski	Thomas D. Rekowski
Street Address	Street Address
Same	Same
City	City
State	State
Zip	Zip

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

Director Name	Director Name
N/A	N/A
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
N/A	N/A
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
2,000 COMM	\$1.00 PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$1.00

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



\* 9 4 8 1 8 \*

File Date: MAR 07 2003

Check No.: 6573

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.

Thomas D. Rekowski 2/28/03  
Signature of Officer Date

Thomas D. Rekowski  
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** 2002  
**Filing Period: January 1-March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94818** 2. Name of Corporation **Valley Heating & Cooling, Inc.**

3. Street Address Principal Business Office

**1146 Main Street**

4. Business Phone No.

**401- 539-0400**

5. State of Incorporation

**RHODE ISLAND**

City

**Wyoming**

State

**RI**

Zip

**02898**

6. SIC Code

**232**

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

**RI 02832**

Installation of heating & cooling systems/Mailing address-PO Box 191 Hope Valley  
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Vice President Name

**Same**

Street Address

Street Address

**Thomas D. Rekowski**

City

State

Zip

City

State

Zip

**90 Highview Avenue**

**Hope Valley, RI 02832**

Secretary Name

Treasurer Name

**Same**

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

Director Name

**N/A**

**N/A**

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

**N/A**

**N/A**

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

**2,000 COMM \$1.00 PAR VALUE**

**100**

**Common**

**\$1.00**

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



\* 9 4 8 1 8 \*

File Date: 3-25-02

Check No.: 4604

By: QC

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.

Thomas D. Rekowski 3/20/02  
Signature of Officer Date

Thomas D. Rekowski  
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 02903-133  
401-222-304



**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. <b>94818</b>		2. Name of Corporation <b>Valley Heating &amp; Cooling, Inc.</b>			
3. Street Address Principal Business Office <b>1146 Main Street</b>		City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>	
4. Business Phone No. <b>401-539-0400</b>		5. State of Incorporation <b>Rhode Island</b>		6. SIC Code <b>0232</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Installation of heating &amp; cooling systems / Mailing Address-PO Box 191 Hope Valle</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Thomas D. Rekowski</b>			Vice President Name <b>Same</b>		
Street Address <b>90 Highview Avenue</b>			Street Address		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
Secretary Name <b>Same</b>			Treasurer Name <b>Same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
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
<b>2000 COMM \$1.00</b>	<b>PAR</b>		<b>100</b>	<b>COMMON</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

**10/18-01**

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

Check No.: **4103**

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]** **10/16/01**  
Signature of Officer Date  
**Thomas D. Rekowski**  
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. **94818** 2. Name of Corporation **Valley Heating & Cooling, Inc.**  
3. Street Address Principal Business Office **1146 Main Street** City **Wyoming** State **RI** Zip **02898**  
4. Business Phone No. **401-539-0400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Installation of heating and cooling systems, etc.

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

President Name			Vice President Name		
Thomas D. Rekowski			Thomas D. Rekowski		
Street Address			Street Address		
90 Highview Ave.			Same		
City	State	Zip	City	State	Zip
Hope Valley	RI	02822	Same		
Secretary Name			Treasurer Name		
Same			Same		
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			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
N/A			N/A		
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  
**2,000 COMM \$1.00 PAR**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 \$1.00**

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



\* 9 4 8 1 8 \*

File Date: 2-16-00  
Check No.: 2284  
By: AMF  
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 Thomas D. Rekowski Date \_\_\_\_\_  
Print or Type Name of Officer Thomas D. Rekowski  
Title of Officer President

MINUTES OF ANNUAL MEETING OF SOLE SHAREHOLDER  
VALLEY HEATING AND COOLING, INC.

The annual meeting of the sole shareholder of Valley Heating and Cooling, Inc. was held at the office of Valley Heating and Cooling, Inc., 1146 Main Street, Wyoming, Rhode Island, on Friday, April 9, 1999 at 4:00 P.M.

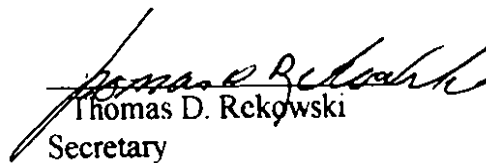
There was present: Thomas D. Rekowski, being sole shareholder of Valley Heating and Cooling, Inc.

The meeting was called to order by Thomas D. Rekowski, President of the corporation, who acted as Secretary of the meeting.

RESOLVED, that the following officers are elected to serve for one year and until their successors elected and qualified.

President:	Thomas D. Rekowski
Vice President:	Thomas D. Rekowski
Secretary:	Thomas D. Rekowski
Treasurer:	Thomas D. Rekowski

RESOLVED, that the actions of the officers during the past year be and same are hereby ratified. There being no further business, the meeting, on motion duly made, seconded and carried, was adjourned.

  
Thomas D. Rekowski  
Secretary

Dated: April 9, 1999



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. **94818** 2. Name of Corporation **Valley Heating & Cooling, Inc.**

3. Street Address Principal Business Office **1146 Main Street** City **Wyoming** State **RI** Zip **02898**  
4. Business Phone No. **(401)539-0400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

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

Installation of heating and cooling systems, etc.

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

President Name <b>Thomas D. Rekowski</b>	Vice President Name <b>Thomas D. Rekowski</b>
Street Address <b>90 Highview Avenue</b>	Street Address <b>Same</b>
City <b>Hope Valley</b> State <b>RI</b> Zip <b>02832</b>	City <b>Same</b> State <b>RI</b> Zip <b>02832</b>
Secretary Name <b>Thomas D. Rekowski</b>	Treasurer Name <b>Thomas D. Rekowski</b>
Street Address <b>Same</b>	Street Address <b>Same</b>
City <b>Same</b> State <b>RI</b> Zip <b>02832</b>	City <b>Same</b> State <b>RI</b> Zip <b>02832</b>

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

Director Name <b>N/A</b>	Director Name <b>N/A</b>
Street Address <b>N/A</b>	Street Address <b>N/A</b>
City <b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>	City <b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>
Director Name <b>N/A</b>	Director Name <b>N/A</b>
Street Address <b>N/A</b>	Street Address <b>N/A</b>
City <b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>	City <b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**2,000 COMM \$1.00 PAR**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 Common \$1.00**

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



\* 9 4 8 1 8 \*

File Date: March 9, 1999

Check No.: 1583

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] Date 3/8/99

**Thomas D. Rekowski**  
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  
401-277-3040



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. 2. Name of Corporation

94818

Valley Heating & Cooling, Inc.

3. Street Address Principal Business Office

90 Highview Ave

City

Hope Valley

State

RI

Zip

02832

4. Business Phone No.

(401) 539-0400

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0232

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

Installing, repairing heating and cooling equipment

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

President Name

Thomas D. Rekowski

Street Address

90 Highview Avenue

City

Hope Valley

State

RI

Zip

02832

Vice President Name

Thomas D. Rekowski

Street Address

Same

City

State

Zip

Secretary Name

Thomas D. Rekowski

Street Address

Same

City

State

Zip

Treasurer Name

Thomas D. Rekowski

Street Address

Same

City

State

Zip

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

Director Name

N/A

Street Address

City

State

Zip

Director Name

N/A

Street Address

City

State

Zip

Director Name

N/A

Street Address

City

State

Zip

Director Name

N/A

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 COMM \$1.00 PAR

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



\* 9 4 8 1 8 \*

File Date: 2.23.98

Check No.: 1189

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: 2.13.1998

Print or Type Name of Officer: Thomas D. Rekowski

Title of Officer: President