



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
401.222.3010

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 89420		2. Name of Corporation WORLD SPORTS CAMP, INC.			
3. Street Address Principal Business Office 11 KNIGHT STREET, BLDG. E-20			City WARWICK	State RI	Zip 02886
4. Business Phone No (401) 738-9119		5. State of Incorporation RHODE ISLAND			6. SIC Code 7237
7. Brief Description of the Character of Business Conducted in Rhode Island DEVELOPMENT OF YOUTH ATHLETIC SKILLS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name TERRY SHAND			Vice President Name JOHN NELSON		
Street Address 3 ROBBINS DRIVE			Street Address 604 PONTIAC		
City BARRINGTON	State RI	Zip 02886	City WARWICK	State RI	Zip 02910
Secretary Name TERRY SHAND			Treasurer Name JOHN NELSON		
Street Address 3 ROBBINS DRIVE			Street Address 604 PONTIAC AVENUE		
City BARRINGTON	State RI	Zip 02886	City WARWICK	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name TERRY SHAND			Director Name JOHN NELSON		
Street Address 3 ROBBINS DRIVE			Street Address 604 PONTIAC AVENUE		
City BARRINGTON	State RI	Zip 02806	City WARWICK	State RI	Zip 02910
Director Name NONE			Director Name NONE		
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
600 NO PAR VALUE			100	common	none

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



89420

File Date 2-18-05
Check No. 4172
By: KB

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

Date

TERRY SHAND

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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. 89420		2. Name of Corporation WORLD SPORTS CAMP, INC.			
3. Street Address Principal Business Office 11 KNIGHT STREET, BLDG. E-20		City WARWICK		State RI	Zip 02886
4. Business Phone No. (401) 738-9119		5. State of Incorporation RHODE ISLAND			6. SIC Code 7237
7. Brief Description of the Character of Business Conducted in Rhode Island DEVELOPMENT OF YOUTH ATHLETIC SKILLS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name TERRY SHAND			Vice President Name JOHN NELSON		
Street Address 3 ROBBINS DRIVE			Street Address 604 PONTIAC AVENUE		
City BARRINGTON	State RI	Zip 02886	City WARWICK	State RI	Zip 02910
Secretary Name TERRY SHAND			Treasurer Name JOHN NELSON		
Street Address 3 ROBBINS DRIVE			Street Address 604 PONTIAC AVENUE		
City BARRINGTON	State RI	Zip 02806	City WARWICK	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name TERRY SHAND			Director Name JOHN NELSON		
Street Address 3 ROBBINS DRIVE			Street Address 604 PONTIAC AVENUE		
City BARRINGTON	State RI	Zip 02806	City WARWICK	State RI	Zip 02910
Director Name NONE			Director Name NONE		
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
600 NO PAR VALUE			100	common	none

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



* 8 9 4 2 0 *

File Date	3/15/04
Check No.	3813
By:	12.
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
TERRY SHAND
Date
3/4/04
Print or Type Name of Officer
TERRY G P SHAND
Title of Officer
PRESIDENT



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. **89420**
2. Name of Corporation **WORLD SPORTS CAMP, INC.**
3. Street Address Principal Business Office
11 knight Street - Bldg E-30
4. Business Phone No. **(401) 738-9119**
5. State of Incorporation **RHODE ISLAND**

City **Warwick** State **R.I.** Zip **02886**
6. SIC Code **7237**

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

Summer Sports Camp

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

President Name **Terry Shand**
Street Address **3 Robbins Dr.**
City **Barrington** State **RI** Zip **02806**
Secretary Name **TERRY SHAND**
Street Address **3 ROBBINS DRIVE**
City **BARRINGTON** State **RI** Zip **02806**

Vice President Name **JOHN NELSON**
Street Address **604 Pontiac Ave**
City **Warwick** State **RI** Zip **02890**
Treasurer Name **JOHN R. NELSON**
Street Address **604 PONTIAC AVENUE**
City **WARWICK** State **RI** Zip **02910**

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

Director Name **TERRY SHAND**
Street Address **3 ROBBINS DRIVE**
City **BARRINGTON** State **RI** Zip **02806**
Director Name **none**
Street Address
City State Zip

Director Name **JOHN R. NELSON**
Street Address **604 PONTIAC AVENUE**
City **WARWICK** State **RI** Zip
Director Name **none**
Street Address
City State Zip

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100

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



* 8 9 4 2 0 *

File Date: **FILED**

Check No.: **MAR 14 2003**

By: **Bv GAN 315104**
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 **John R. Nelson** Date **11/13/03**
Print or Type Name of Officer **VP**
Title of Officer **VP**



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

Edward S. Innan, 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. **89420** 2. Name of Corporation **WORLD SPORTS CAMP, INC.**
3. Street Address Principal Business Office **11 Knight Street Bldg. E-20**
4. Business Phone No. **401-738-9119** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Summer Sports Camp for children

City **Warwick,** State **RI** Zip **02886**
6. SIC Code **7237**

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

President Name **Terry G.P. Shand**
Street Address **3 Robbins Drive**
City **Barrington** State **RI** Zip **02806**

Vice President Name **John R. Nelson**
Street Address **604 Pontiac Avenue**
City **Cranston** State **RI** Zip **02910**

Secretary Name **Elaine Nelson**
Street Address **604 Pontiac Avenue**
City **Cranston** State **RI** Zip **02910**

Treasurer Name **Elaine Nelson**
Street Address **604 Pontiac Avenue**
City **Cranston** State **RI** Zip **02910**

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

Director Name **Terry G.P. Shand**
Street Address **3 Robbins Drive**
City **Barrington** State **RI** Zip **02806**

Director Name **John R. Nelson**
Street Address **604 Pontiac Ave**
City **Cranston** State **RI** Zip **02910**

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
0

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



* 8 9 4 2 0 *

File Date: **3-6-02**

Check No.: **2993**

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 **John R. Nelson** Date **2/4/02**
Print or Type Name of Officer **John R. Nelson**

Title of Officer **U.P.**
5
Form 630 12/01



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

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. **89420** 2. Name of Corporation **WORLD SPORTS CAMP, INC.**

3. Street Address Principal Business Office

City **Cranston** State **RRI** Zip **02920**

4. Business Phone No.

1441 Park Avenue

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7237

(401) 275-9700

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

Summer Sports Camp

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

President Name

Terry GP Shand

Street Address

3 Robbins Drive

City **Barriington** State **RI** Zip **02806**

Secretary Name

Elaine Nelson

Street Address

604 Pontiac Avenue

City **Cranston** State **RI** Zip **02910**

Vice President Name

John R. Nelson

Street Address

604 Pontiac Avenue

City **Cranston** State **RI** Zip **02910**

Treasurer Name

Elaine Nelson

Street Address

604 Pontiac Avenue

City **Cranston** State **RI** Zip **02910**

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

Director Name

terry GP Shand

Street Address

3 Robbins Drive

City **Barriington** State **RI** Zip **02806**

Director Name

John R Nelson

Street Address

604 Pontiac Avenue

City **Cranston** State **RI** Zip **02910**

Director Name

Street Address

Street Address

City **Barriington** State **RI** Zip **02806**

City **Cranston** State **RI** Zip **02910**

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

"0"

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



* 8 9 4 2 0 *

File Date: 2/5/2001

Check No.: 2748

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.

Elaine Nelson 01/27/01
Signature of Officer Date

Elaine Nelson
Print or Type Name of Officer

Secretary
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. **89420** 2. Name of Corporation **WORLD SPORTS CAMP, INC.**

3. Street Address Principal Business Office

1441 Park Avenue

4. Business Phone No.

(401) 275-0734

5. State of Incorporation

RHODE ISLAND

City

Cranston

State

RI

Zip

02920

6. SIC Code

7237

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

Summer Sports Camp

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

President Name

Terry GP. Shand

Street Address

3 Robbins Drive

City

State

Zip

Barrington

RI

02806

Secretary Name

Elaine Nelson

Street Address

604 Pontiac Avenue

City

State

Zip

Cranston

RI

02910

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

Director Name

Terry GP. Shand

Street Address

3 Robbins Drive

City

State

Zip

Barrington

RI

02806

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO 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 2 0 *

File Date: 2/23/00

Check No.: 1080

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

02/08/00
Date

Vice President

Print or Type Name of Officer

John R. Nelson
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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89420** 2. Name of Corporation **WORLD SPORTS CAMP, INC.**

3. Street Address Principal Business Office **1441 Park Avenue, Suite B** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-275-0734** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7237**

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

Seasonal summer camp for students

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

President Name Terry G.P. Shand Street Address 3 Robbins Drive City Barrington State RI Zip 02806	Vice President Name John R. Nelson Street Address 604 Pontiac Avenue City Cranston State RI Zip 02910
Secretary Name John R. Nelson Street Address 604 Pontiac Avenue City Cranston State RI Zip 02910	Treasurer Name John R. Nelson Street Address 604 Pontiac Avenue City Cranston State RI Zip 02910

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

Director Name Terry G.P. Shand Street Address 3 Robbins Drive City Barrington State RI Zip 02806	Director Name John R. Nelson Street Address 604 Pontiac Avenue City Cranston State RI Zip 02910
---	--

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
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600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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400

200

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



* 8 9 4 2 0 *

File Date: 01-01-99

Check No.: 1487

By: SD

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 02/24/99

John R. Nelson, Vice President
Print or Type Name of Officer

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. **89420** 2. Name of Corporation **WORLD SPORTS CAMP, INC.**

3. Street Address Principal Business Office

631 Park Avenue

4. Business Phone No.

401-461-4273

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

Summer Camp

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

President Name

Terry G. P. Shand

Street Address

3 Robins Drive

City

State

Zip

Barrington

RI

02806

Secretary Name

City

State

Zip

Cranston

RI

02910

8. SIC Code

5. State of Incorporation
RHODE ISLAND

Vice President Name

John Nelson

Street Address

604 Pontiac Avenue

City

State

Zip

Cranston

RI

02910

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

200

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



* 8 9 4 2 0 *

File Date: **2/19/98**

Check No.: **1204**

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

Date

Terry G.P. Shand

1/18/98

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

89420

2. Name of Corporation

WORLD SPORTS CAMP, INC.

3. Street Address Principal Business Office

631 PARK AVENUE

City

CRANSTON

State

RI

Zip

02910

4. Business Phone No.

401-461-4197

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

SUMMER SPORTS CAMP

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

President Name

TERRY G.P. SHAND

Street Address

3 ROBBINS DRIVE

City

BARRINGTON

State

RI

Zip

02806

Vice President Name

JOHN R. NELSON

Street Address

604 PONTIAC AVENUE

City

CRANSTON

State

RI

Zip

02910

Secretary Name

SAME AS ABOVE

Street Address

Treasurer Name

SAME AS ABOVE

Street Address

City

State

Zip

City

State

Zip

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

Director Name

TERRY G.P. SHAND

Street Address

3 ROBBINS DRIVE

City

BARRINGTON

State

RI

Zip

02806

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

50

COMMON

NO 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 2 0 *

File Date: 1-22-97

Check No.: 1068

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] JAN. 17, 1997

TERRY G.P. SHAND

Print or Type Name of Officer

PRESIDENT

Title of Officer