

(FORM MUST BE TYPED IN BLACK)

. 1. Corporate ID No.

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 $\frac{2005}{}$	
Filing Period: January 1 - March 1 •		

ORM MUST BE TYPED I . Carparate ID No.	N BLACK) 2. Name of Corp		***************************************				
113828		CORPORATE SERVI	CES, INC.				
Street Address Principal B			City	State	Zip		
800 BRAZOS STE.			AUSTIN	TX	78701		
Business Phone No.	···	5. State of Incorpora	lion	······································	6. SIC Code		
512-474-8377		TEXAS			7880		
	Brief Description of the Churucter of Business Conducted in Rhode Island O PROVIDE REGISTERED AGENT SERVICES			······································			
R NAMES AND ADDR	esses of the o	FICERS ("X" BOX FOR	ATTACHMENT) TILL IN S	PACES DEFORE USING	ATTACHMENTS		
CHERYL M ROBERTS	S		JOHN H ROBINSO	ON			
ireei Address	_	***************************************	Street Address		[}{;}{;}{;}{****************************		
300 BRAZOS STE.	1100		800 BRAZOS STE	E. 1100			
ìi v	State	Zip	City	State	Žip		
AUSTIN	TX	78701	AUSTIN	TX	78701		
rcretury Núme	3 4 5 4 4 4 4 4 4		Treasurer Name	* * * * * * * * * * * * * * * * * * * *	era kiran era kar		
OHN H ROBINSON			CHERYL M ROBER	RTS			
treet Address	***************************************	++**	Street Address				
300 BRAZOS STE.	1100		800 BRAZOS STE	E. 1100			
lity	State	Ζίρ	`City	State	Zip		
USTIN	TX	78701	AUSTIN	TX	78701		
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HERYL M ROBERT	e		JOHN H ROBINSO	אר			
ireet Address	. 100		Street Address '800 BRAZOS STE. 1100				
300 BRAZOS STE							
City	State	Zip	City	State	Zip		
AUSTIN	TX	78701	AUSTIN	TX	78701		
irector Name			Director Name				
Sireet Address	}*************************************		Street Address				
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10 SHARES AUTHOR)) 7 F N	i Particularion II	AL CHAPPE ICCUPA	"X" BOX FOR ATTACHM	amm -		
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1000 COMM NO PA	R VALUE		100	N/A	NPV		

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his report must be si	gned in ink by ei	ther the President, Vic	e President, Secretary, As.	sistant Secretary, Tred	asurer, Receiver or Truste		
8							
T. AREA					the -		
1 1	3 8 2 8		Under penalty of a	perjury, I declare and affin	m that I have examined		
				ing any accompanying sc			
				ents contained herein are			
F	FILED		0(1/1	()//.	. ^		
File Date		<u> </u>	57: XX	41. KHZ	N.P. 2-28-0		
MAR	0 3 2005 6	,098/79	Signature of Officer		V Date		
Check No.			V 7	HO H RAI	812502		
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By: By	M		**	· ~ _ ^	·		
By: By FOR SECRETARY OF ST	ATE USE ONLY		**	CE PRESI	DENT Form 630 12/		



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

Matthew A. Brown, Secretary of State ...

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PROFIT	CORPORATIO	N.	ANNUAL REPORT FOR THE YEAR	·	2004	
Filing Period:	Ianuary 1 - March I	•	Filing Fee: \$50.00			

(FORM MUST BE TYPED OR PRIN	· ·	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
1. Corporate ID No.	2. Name of Corporation				
113828 3. Street Address Principal Business (PORATE SERVICES, IN	City	State	Zip
800 Bra		00	Austin	Texas_	78701
4. Business Phone No. 512-474-8377		5. State of incorporation			G. SIC Code
7 Brief Description of the Character TO PROVIDE REGISTE	of Business Conducted in	TEXAS Rhode Island		· · · · · · · · · · · · · · · · ·	7880
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: ("X" BOX FOR ATT	ACHMENT) FILL IN : Vice President Name	SPACES BEFORE USING	ATTACHMENTS
	Roberts		John H	Robinsor)
Sirvet Address 800 Braz		D D	Sircet Address	razos Sle	1100
Austin	State	^{zp} 18701	- Austin	State TX	78701
Secretary Name	Robinson		Treasurer Name	M. Rober	Ha
Street Address	700113011		Street Address	TO PAULE	
City	State	Zίρ	City	State	Zip
				N SPACES BEFORE USII	NC ATTACHMENTS T
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	RS: ("X" BOX FOR A	TACHMENT) [] FILL II Director Name	N SPAÇES BEFORE USII	AG WILVCHWENTS
Cheryl M.	Roberts		John H	<u>.Kobinson</u>	
VVV CITY	205 Ste 1	100	Sirect Address	brazos 5	K 1100
AUSHIN Director Name	State TX	78701	Director Name	State	^{zip} 78701
Street Address		<u> </u>	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTACH	IMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VAL	.UE		100	n/n	NPY
This report must be	signed in ink by cit	her the President, Vice	President, Secretary, Assista	ant Secretary, Treasurer,	Receiver or Trustee
•			•	•	
			Linder pensity of pe	eriury 1 declare and affirm t	hat I have examined this rep
· · · · · · · · · · · · · · · · · · ·	1 1 3 8 2 8	3, *	including any accor	npanying schedules and sta	tements, and that all statement
F1.	LED]	contained berein are	true and correct.	5 9 9E 11
File DateMAR	0 1 2004		Signature of Officer	Kanon , Ji	クロte
Check No.	1.10		Tail	i ROBINSON	
BM4	the Con		Print or Type Name		
By:		ĺ	VICE	= PRESIDENT	_
FOR SECRETARY OF S	TATE USE ONLY	1	Title of Officer		

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

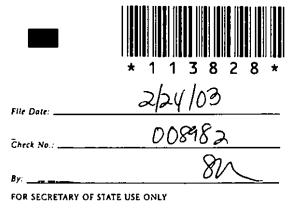
2002

PROFIT CORPO			ORT FOR TH	HE YEAR	PLEASE READ INSTRUCTION
(FORM MUST BE TYPED OR PRINTE	ED IN BLACK)				
I. Corporate ID No.	2. Name of Corporat	ton		•	·
113828	CAPITOL CO	RPORATE SERVICES, INC).		
3. Street Address Principal Business C	Office		City	State	Zip
800 Brazos Ste 4. Business Phone No.	. 1100	5. State of Incorporation	Austin	TX	78701 6. SIC Code
512-474-8377 7. Brief Description of the Character of Registered age		TEXAS Rhode Island			7880
8. NAMES AND ADDRESS President Name Cheryl M. Rober		CERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACI Vice President Name John H. R	es before using attac	CHMENTS
•	CS		Street Address	OUTHSON	
Street Address 800 Brazos Ste.	1100			s Ste. 1100	
City Austin	State TX	zip 78701	_{City} Austin	State TX	zip 78701
Secretary Name	•		Treasurer Name		• • • • • • • • • • • • • • • • • • • •
John H. Robinson Street Address	l		Cheryl M. Street Address	Roberts	
800 Brazos Ste.	1100 State	Zip	800 Brazo	s Ste. 1100	Zip
Austin 9. NAMES AND ADDRESS Director Name	TX ES OF THE DIRE	78701 ECTORS (*X* BOX FOR ATTA	Austin CHMENT) FILL IN SPA Director Name	TX CES BEFORE USING ATT	78701 ACHMENTS
Cheryl MRobert	:s		John H. Ro	binson	
800 Brazos Ste.	1100 State	. · Zip	800 Brazos	Ste. 1100 State	Zip
Austin Director Name	TX	78701 .	Austin . Director Name		, 78701 ,.
Street Address			Street Address		
City	State	Zip	City	State	2.10
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	O (*X* BOX FOR ATTACHMEN	T) .
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VAL	UE		100	N/A	no par value

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

Title of Officer

◆> 5



Under penalty of perjury, Adeclare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement's contained therein are true and correct.

Form 630 12/02

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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Perlod: Jan	uary 1-March 1 •	Filing Fee: \$50.00	1		INSTRUCTI
(FORM MUST BE TYPED I	IN BLACK)				
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113828 3. Street Address Principal Bi		PRPORATE SERVICES	, INC.	State	Zip
800 Bra	705 Ste 110	0	Austin		78701
4. Business Phone No.		5. State of Incorporati	•	• • •	6. SIC Code
512-474-	0 -	TEXAS			7880
	haracter of Business Conducted in Ted Agent 3				
11EG15LE1 8. NAMES AND ADI		CERS (*X* BOX FOR AT)	FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
President Name		•	Vice President Name		
	yl M. Robe	crts		H. Robinson	
	Brazos		Street Address 800 B	razos Ste	1100
	n State 7X	78701		State TX	78701
	H. Robins	son		M. Robert	
•	Brazos	Ste1100	Street Address 800	Brazos Ste	1100
Aust	in State TX	78701	Austi	n State TX	78701
	DRESSES OF THE DIRE	CTORS ("X" BOX FOR		CES BEFORE USING ATTA	CHMENTS
Director Name Cher	yl M. Ro	berts		H. Robins	ion
	Brazos			Brazos Sta	211∞
City A USH Director Name	In State TX	78701	City AUST	in TX	78701
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHO	RIZED ("X" BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PA	AR VALUE		: 100	N/A	without par value



File Date: _	2.25-02	
Check No.:	8525	
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	TARY 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 Signature of Unifer JOHN

Title of Officer Farm 630 12101



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. CAPITOLO CORPORATE SERVICES, INC.

3. Street Address Principal Business Of	fice		City	State	ZIP
800 Brazos, Sui	te 1100	5. State of Incorporation	Austin	Texas	78701 6. SIC Code
512-474-8377		I E Y W 2	•		7880
7. Brief Description of the Character of	Business Conducted i	n Rhode Island	•	•	
To orovide regi	stered ager	it services			
B. NAMES AND ADDRESSE President Name	S OF THE OFFI	CERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATTAC	CHMENTS
Cheryl M. Rober	ts		John H. F	Robinson	
800 Brazos Ste.	1100		800 Brazo	s Ste. 1100	
City	State	Žip	City	State	Zip
Austin	TX	78701	Austin	TX	78701
Secretary Name			Treasurer Name		•
John H. Robinso	n		Cheryl M. Street Address	. Roberts	
800 Brazos Ste.	1100		800 Brazo	os Ste. 1100	
City	State	Zip	City	State	Zip
Austin	TX	78701	Austin	TX	78701
9. NAMES AND ADDRESSE Director Name	S OF THE DIR	ECTORS (*X* BOX FOR ATT)	ACHMENT) FILL IN SP. Director Name	ACES BEFORE USING ATTA	ACHMENTS
Cheryl M. Rober	ts		John H. F	Robinson	
800 Brazos Ste.	1100 State	Zip	800 Brazo	os Ste. 1100	Zip .
Austin Director Name	TX	78701	Austin Director Name	TX	78701
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUE	D ("X" BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAI	R VALUE		100	n/a	without

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



File Date:	FILED	
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FOR SECRETA	RY OF STATE USE ONLY	

par value