



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113828		2. Name of Corporation CAPITOL CORPORATE SERVICES, INC.			
3. Street Address Principal Business Office 800 BRAZOS STE. 1100			City AUSTIN	State TX	Zip 78701
4. Business Phone No. 512-474-8377		5. State of Incorporation TEXAS			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE REGISTERED AGENT SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHERYL M ROBERTS			Vice President Name JOHN H ROBINSON		
Street Address 800 BRAZOS STE. 1100			Street Address 800 BRAZOS STE. 1100		
City AUSTIN	State TX	Zip 78701	City AUSTIN	State TX	Zip 78701
Secretary Name JOHN H ROBINSON			Treasurer Name CHERYL M ROBERTS		
Street Address 800 BRAZOS STE. 1100			Street Address 800 BRAZOS STE. 1100		
City AUSTIN	State TX	Zip 78701	City AUSTIN	State TX	Zip 78701
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHERYL M ROBERTS			Director Name JOHN H ROBINSON		
Street Address 800 BRAZOS STE 1100			Street Address 800 BRAZOS STE. 1100		
City AUSTIN	State TX	Zip 78701	City AUSTIN	State TX	Zip 78701
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 type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 COMM NO PAR VALUE			100	N/A	NPV

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



1 1 3 8 2 8

FILED	
File Date	MAR 03 2005 609875
Check No.	
By	UB
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.

By: John H. Robinson V.P. 2-28-05
Signature of Officer Date
JOHN H. ROBINSON
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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100 North Main Street
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401.222.3040

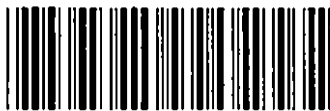
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113828		2. Name of Corporation CAPITOL CORPORATE SERVICES, INC.			
3. Street Address Principal Business Office 800 Brazos Ste 1100		City Austin		State Texas	Zip 78701
4. Business Phone No. 512-474-8377		5. State of Incorporation TEXAS			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE REGISTERED AGENT SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cheryl M. Roberts			Vice President Name John H. Robinson		
Street Address 800 Brazos Ste 1100			Street Address 800 Brazos Ste 1100		
City Austin	State TX	Zip 78701	City Austin	State TX	Zip 78701
Secretary Name John H. Robinson			Treasurer Name Cheryl M. Roberts		
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 Cheryl M. Roberts			Director Name John H. Robinson		
Street Address 800 Brazos Ste 1100			Street Address 800 Brazos Ste 1100		
City Austin	State TX	Zip 78701	City Austin	State TX	Zip 78701
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 COMM NO PAR VALUE			100	n/a	NPV

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



FILED

File Date MAR 01 2004
Check No. BY 9449 GSN
By: _____

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 H. Robinson, V.P. Date 2-25-04
Print or Type Name of Officer JOHN ROBINSON
Title of Officer VICE 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. **113828** 2. Name of Corporation **CAPITOL CORPORATE SERVICES, INC.**
3. Street Address Principal Business Office **800 Brazos Ste. 1100** City **Austin** State **TX** Zip **78701**
4. Business Phone No. **512-474-8377** 5. State of Incorporation **TEXAS** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island
Registered agent services

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

President Name Cheryl M. Roberts Street Address 800 Brazos Ste. 1100 City Austin State TX Zip 78701 Secretary Name John H. Robinson Street Address 800 Brazos Ste. 1100 City Austin State TX Zip 78701	Vice President Name John H. Robinson Street Address 800 Brazos Ste. 1100 City Austin State TX Zip 78701 Treasurer Name Cheryl M. Roberts Street Address 800 Brazos Ste. 1100 City Austin State TX Zip 78701
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Cheryl M. Roberts Street Address 800 Brazos Ste. 1100 City Austin State TX Zip 78701 Director Name John H. Robinson Street Address 800 Brazos Ste. 1100 City Austin State TX Zip 78701	Director Name John H. Robinson Street Address 800 Brazos Ste. 1100 City Austin State TX Zip 78701
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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



* 1 1 3 8 2 8 *

File Date: 2/24/03

Check No.: 008982

By: 8m

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 H. Robinson Date: 2-21-03

Print or Type Name of Officer: JOHN H. ROBINSON

Title of Officer: VICE PRESIDENT



STATE OF RHODE ISLAND
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Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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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. 113828 2. Name of Corporation CAPITOL CORPORATE SERVICES, INC.
3. Street Address Principal Business Office 800 Brazos Ste 1100 City Austin State TX Zip 78701
4. Business Phone No. 512-474-8377 5. State of Incorporation TEXAS 6. SIC Code 7880

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

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

President Name Cheryl M. Roberts Vice President Name John H. Robinson
Street Address 800 Brazos Ste 1100 Street Address 800 Brazos Ste 1100
City Austin State TX Zip 78701 City Austin State TX Zip 78701
Secretary Name John H. Robinson Treasurer Name Cheryl M. Roberts
Street Address 800 Brazos Ste 1100 Street Address 800 Brazos Ste 1100
City Austin State TX Zip 78701 City Austin State TX Zip 78701

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

Director Name Cheryl M. Roberts Director Name John H. Robinson
Street Address 800 Brazos Ste 1100 Street Address 800 Brazos Ste 1100
City Austin State TX Zip 78701 City Austin State TX Zip 78701
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 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	N/A	without par value

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



* 1 1 3 8 2 8 *

File Date: 2-25-02
Check No.: 8525
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.

By: [Signature] V.P. 2-21-02
Signature of Officer _____ Date _____
JOHN ROBINSON
Print or Type Name of Officer _____
VICE 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 02903-1335
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. 113828 2. Name of Corporation CAPITOL CORPORATE SERVICES, INC.

3. Street Address Principal Business Office City State Zip
800 Brazos, Suite 1100 Austin Texas 78701
4. Business Phone No. 5. State of Incorporation 6. SIC Code
512-474-8377 TEXAS 7880

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

To provide registered agent services

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

President Name <u>Cheryl M. Roberts</u>	Vice President Name <u>John H. Robinson</u>
Street Address <u>800 Brazos Ste. 1100</u>	Street Address <u>800 Brazos Ste. 1100</u>
City State Zip <u>Austin TX 78701</u>	City State Zip <u>Austin TX 78701</u>
Secretary Name <u>John H. Robinson</u>	Treasurer Name <u>Cheryl M. Roberts</u>
Street Address <u>800 Brazos Ste. 1100</u>	Street Address <u>800 Brazos Ste. 1100</u>
City State Zip <u>Austin TX 78701</u>	City State Zip <u>Austin TX 78701</u>

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

Director Name <u>Cheryl M. Roberts</u>	Director Name <u>John H. Robinson</u>
Street Address <u>800 Brazos Ste. 1100</u>	Street Address <u>800 Brazos Ste. 1100</u>
City State Zip <u>Austin TX 78701</u>	City State Zip <u>Austin TX 78701</u>
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
<u>1,000 COMM NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>n/a</u>	<u>without par value</u>

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



* 1 1 3 8 2 8 *

FILED

File Date: FEB 12 2001

Check No.: 007810

By: 007810

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.

By: John H. Robinson V. Pres. 2-8-01
Signature of Officer Date
John H. Robinson
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer