



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. 119428		2. Name of Corporation Seifert mtm Systems, Inc.		
3. Street Address Principal Business Office 75 CIRCUIT DRIVE		City NORTH KINGSTOWN	State RI	Zip 02852-
4. Business Phone No. 4012946961		5. State of Incorporation DELAWARE		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF COOLING UNITS				

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Udo O. Schroff			Vice President Name None		
Street Address 75 Circuit Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Michael Rudi Seifert			Treasurer Name None		
Street Address Villa Rimigio, Madliena Road			Street Address		
City Madliena	State Malta	Zip NXR 09	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 Michael Rudi Seifert			Director Name None		
Street Address Villa Rimigio, Madliena Road			Street Address		
City Madliena	State Malta	Zip NXR 09	City	State	Zip
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
1,000 COMM	\$0.001 PAR VALUE		1000	Common	\$.001 par va

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



1 1 9 4 2 8

119428 FBC 12/30/03 01:05:52 PM

File Date 2-4-05

Check No. 3112

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] 1/25/05

Signature of Officer

Udo O. Schroff

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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3. Street Address Principal Business Office 75 CIRCUIT DRIVE		City NORTH KINGSTOWN	State RI	Zip 02852-
4. Business Phone No. 4012946961		5. State of Incorporation DELAWARE		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF COOLING UNITS				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Udo O. Schroff		Vice President Name None		
Street Address 75 Circuit Drive		Street Address		
City North Kingstown	State RI	Zip 02852	City	State
Secretary Name Michael Rudi Seifert		Treasurer Name None		
Street Address Villa Rimigio, Madliena Road		Street Address		
City Madliena	State Malta	Zip NXR 09	City	State

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Michael Rudi Seifert		Director Name None		
Street Address Villa Rimigio, Madliena Road		Street Address		
City Madliena	State Malta	Zip NXR 09	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State

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
1,000	COMM	\$0.001 PAR VALUE	1000	Common	No Par

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



1 1 9 4 2 8

119428 FBC 12/30/03 01:06:52 PM

File Date 2/23/04

Check No. 2393

By: SC

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.

Udo Schroff 3 Feb 04
Signature of Officer
Udo O. Schroff
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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *119428*		2. Name of Corporation Seifert mtm Systems, Inc.	
3. Street Address Principal Business Office 75 CIRCUIT DRIVE		City NORTH KINGSTOWN	State RI
4. Business Phone No. 4012946961		5. State of Incorporation DELAWARE	6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF COOLING UNITS			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Udo O. Schroff			Vice President Name None		
Street Address 75 Circuit Drive			Street Address .		
City North Kingstown	State RI	Zip 02852	City .	State .	Zip .
Secretary Name Michael Rudi Seifert			Treasurer Name None		
Street Address Villa Rimigio, Madliena Road			Street Address .		
City Madliena	State Malta	Zip NXR 09	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 Michael Rudi Seifert			Director Name None		
Street Address Villa Rimigio, Madliena Road			Street Address .		
City Madliena	State Malta	Zip NXR 09	City .	State .	Zip .
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
1,000 COMM \$0.001 PAR VALUE			1,000	Common	No Par

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



* 1 1 9 4 2 8 *

119428 FBC1/15/0310:14:05 AM

File Date 2-11-03

Check No. 1791

By: UP

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.

Udo O. Schroff Feb 3, 2003

Signature of Officer Date

Udo O. Schroff

Print or Type Name of Officer

President

Title of Officer



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. **119428** 2. Name of Corporation **SEIFERT MTM SYSTEMS, INC.**
3. Street Address Principal Business Office
75 Circuit Drive
4. Business Phone No. **401-294-6961** 5. State of Incorporation **Delaware**
7. Brief Description of the Character of Business Conducted in Rhode Island
Sale of cooling units

City **North Kingstown** State **RI** Zip **02852**
6. SIC Code

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

President Name **Udo O. Schroff**
Street Address
75 Circuit Drive
City **North Kingstown** State **RI** Zip **02852**

Vice President Name **None**
Street Address
City State Zip

Secretary Name **Michael Rudi Seifert**
Street Address
Villa Rimigio, Madliena Road
City **Madliena** State **Malta** Zip **NXR 09**

Treasurer Name **None**
Street Address
City State Zip

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

Director Name **Michael Rudi Seifert**
Street Address
Villa Rimigio, Madliena Road
City **Madliena** State **Malta** Zip **NXR 09**

Director Name **None**
Street Address
City State Zip

Director Name **None**
Street Address
City State Zip

Director Name **None**
Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000	Common	No Par

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

ISSUED SHARES	Class/Series	Par Value
1,000	Common	No Par

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

File Date: 3-4-02
Check No.: 16031
By: 2

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 2/28/02
Udo O. Schroff
Print or Type Name of Officer
President
Title of Officer