



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 OR PRINTED IN BLACK)

| | | | | | |
|---|--------------|---|---------------------------------------|--------------|---------------------|
| 1. Corporate ID No. 87930 | | 2. Name of Corporation BREEZE PUBLICATIONS, INC. | | | |
| 3. Street Address Principal Business Office 300 Front Street/P.O. Box A | | | City Lincoln | State RI | Zip 02865 |
| 4. Business Phone No. (401) 334-9555 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 6676 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island NEWSPAPER PUBLICATION & TYPESET & DESIGN SERVICES | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Thomas V. Ward | | | Vice President Name James E. Quinn | | |
| Street Address 2190 Mendon Road | | | Street Address 2190 Mendon Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Thomas V. Ward | | | Treasurer Name Thomas V. Ward | | |
| Street Address 2190 Mendon Road | | | Street Address 2190 Mendon Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Thomas V. Ward | | | Director Name James E. Quinn | | |
| Street Address 2190 Mendon Road | | | Street Address 2190 Mendon Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 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 |
| 2,000 NO PAR VALUE | | | 500 | None | None |
| | | | | | |

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



| | |
|---------------------------------|---------|
| File Date | 1-25-05 |
| Check No. | 1018 |
| 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
1/21/05
Date
Thomas V. Ward
Print or Type Name of Officer
President
Title of Officer



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. 87930 | | 2. Name of Corporation BREEZE PUBLICATIONS, INC. | | | |
| 3. Street Address Principal Business Office 300 Front Street / P.O. Box A | | | City Lincoln | State RI | Zip 02865 |
| 4. Business Phone No. (401) 334-9555 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 6676 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island NEWSPAPER PUBLICATION & TYPESET & DESIGN SERVICES | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Thomas V. Ward | | | Vice President Name James E. Quinn | | |
| Street Address 2190 Mendon Road | | | Street Address 2190 Mendon Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Thomas V. Ward | | | Treasurer Name James E. Quinn | | |
| Street Address 2190 Mendon Road | | | Street Address 2190 Mendon Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name None | | | 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) <input type="checkbox"/> AUTHORIZED SHARES | | | | | |
| Number of Shares | | Class/Series | Par Value | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES | |
| 2,000 NO PAR VALUE | | | | Number of Shares | |
| | | | | Class/Series | |
| | | | | Par Value | |
| | | | | 500 | |
| | | | | None | |
| | | | | None | |

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



* 8 7 9 3 0 *

File Date 2-10-04
Check No. 476
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] 02/04/04
Signature of Officer Date
Thomas V. Ward
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 OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

87930

BREEZE PUBLICATIONS, INC.

3. Street Address Principal Business Office

1985 Mendon Road

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

(401) 334-9555

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6676

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

Publishing of free weekly local newspaper.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Thomas V. Ward

Vice President Name

James E. Quinn

Street Address

1985 Mendon Road

Street Address

1985 Mendon Road

City

Cumberland

State

RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

Secretary Name

Thomas V. Ward

Treasurer Name

James E. Quinn

Street Address

1985 Mendon Road

Street Address

1985 Mendon Road

City

Cumberland

State

RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

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

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 NO PAR VALUE

500

None

None

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



* 8 7 9 3 0 *

File Date: FILED

Check No.: FEB 21 2003

By: By [Signature] 313147

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

Thomas V. Ward

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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.

87930

2. Name of Corporation

BREEZE PUBLICATIONS, INC.

3. Street Address Principal Business Office

1985 Mendon Road

City

Cumberland

State

RI

Zip

02865

4. Business Phone No.

(401) 334-9555

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6676

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

Publishing of free weekly local newspaper

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

President Name

Thomas V. Ward

Vice President Name

James E. Quinn

Street Address

1985 Mendon Road

Street Address

1985 Mendon Road

City

Cumberland

State

RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

Secretary Name

Thomas V. Ward

Treasurer Name

James E. Quinn

Street Address

1985 Mendon Road

Street Address

1985 Mendon Road

City

Cumberland

State

RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

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

Director Name

None

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

2,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

None

None

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



* 8 7 9 3 0 *

File Date: 2-27-02

Check No.: 9338

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 V. Ward 2-21-02
Signature of Officer Date

Thomas V. Ward

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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. **87930** 2. Name of Corporation **BREEZE PUBLICATIONS, INC.**
3. Street Address Principal Business Office City State Zip
1985 Mendon Road **Cumberland** **RI** **02864**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 334-9555 **RHODE ISLAND** **6676**

7. Brief Description of the Character of Business Conducted in Rhode Island
Publishing of free weekly local newspaper

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

| | |
|--|--|
| President Name Thomas V. Ward | Vice President Name James E. Quinn |
| Street Address 1985 Mendon Road | Street Address 1985 Mendon Road |
| City State Zip Cumberland RI 02864 | City State Zip Cumberland RI 02864 |
| Secretary Name Thomas V. Ward | Treasurer Name Thomas V. Ward |
| Street Address 1985 Mendon Road | Street Address 1985 Mendon Road |
| City State Zip Cumberland RI 02864 | City State Zip Cumberland RI 02864 |

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

| | |
|------------------------------|----------------|
| Director Name None | 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
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 None None

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



* 8 7 9 3 0 *

File Date: 2/23
Check No.: 8700
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 Thomas V. Ward Date 2/21/01
Print or Type Name of Officer
Thomas V. Ward
Title of Officer
President



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.

87930

2. Name of Corporation

BREEZE PUBLICATIONS, INC.

3. Street Address Principal Business Office

1985 Mendon Road Suite 4

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

(401) 334-9555

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6676

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

publishing of free weekly local newspaper

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Thomas V. Ward

Vice President Name

Street Address

Street Address

59 Little Pond County Road

City

State

Zip

City

State

Zip

Cumberland RI

02864

Secretary Name

Treasurer Name

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

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

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

SHS

NO PAR

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
MAR 27 12 28 PM '00

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



* 8 7 9 3 0 *

File Date: PAID

Check No.: MAR 27 2000

By: SECY OF STATE

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 V. Ward

Signature of Officer

3-23-00

Date

THOMAS V. WARD

Print or Type Name of Officer

President

Title of Officer



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. 87930 | | 2. Name of Corporation BREEZE PUBLICATIONS, INC. | |
| 3. Street Address Principal Business Office 1985 Mendon Road Suite 4 | | City Cumberland | State RI |
| 4. Business Phone No. 401-334-9555 | | Zip 02864 | |
| 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 6676 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island free weekly newspaper | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Thomas V. Ward | | Vice President Name | |
| Street Address 216 Pound Road | | Street Address | |
| City Cumberland | State RI | City | State |
| Zip 02864 | | Zip | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES 1000 Number of Shares Class/Series Par Value 1,000 SHS NO PAR VALUE | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Value 1000 SHS no par | |

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



File Date: **Feb 16, 1999**

Check No.: **23621**

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 V. Ward **1-31-99**
Signature of Officer Date

THOMAS V. WARD
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. **87930** 2. Name of Corporation **BREEZE PUBLICATIONS, INC.**

3. Street Address Principal Business Office **1985 MENDON ROAD** City **CUMBERLAND** State **RI** Zip **02864**
4. Business Phone No. **401-334-9555** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0851**

7. Brief Description of the Character of Business Conducted in Rhode Island **WEEKLY NEWSPAPER PUBLISHER**

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

| | |
|---|---------------------|
| President Name THOMAS V. WARD | Vice President Name |
| Street Address 216 POUND ROAD | Street Address |
| City CUMB. State RI Zip 02864 | City State Zip |
| Secretary Name | 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
1,000 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



File Date: **6/29/98**
Check No.: **3505**
By: **GAA**
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 V. Ward **6-1-98**
Signature of Officer Date
THOMAS V. WARD
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. **87930** 2. Name of Corporation **BREEZE PUBLICATIONS, INC.**
3. Street Address Principal Business Office **2352 Mendon Road** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **401-658-1234** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Publisher of free weekly newspaper

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

| | |
|--|---------------------|
| President Name THOMAS V. WARD | Vice President Name |
| Street Address 2352 Mendon Road | Street Address |
| City Cumberland State RI Zip 02864 | City State Zip |
| Secretary Name | 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | | ISSUED SHARES ✓ | | |
|-------------------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 SHS NO PAR VALUE | | | NONE | | |

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



File Date: **3.12.97**
Check No.: **1632**
By: **lcp**
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 V. Ward **2-27-97**
Signature of Officer Date
THOMAS V. WARD
Print or Type Name of Officer
President
Title of Officer