

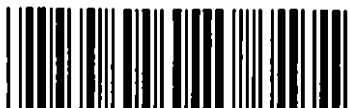


# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 84437		2. Name of Corporation Sight Sailing, Inc.		
3. Street Address Principal Business Office 32 Bowen's Wharf		City Newport	State RI	Zip 02840
4. Business Phone No. 401 849-3333		5. State of Incorporation RHODE ISLAND		6. SIC Code 6551
7. Brief Description of the Character of Business Conducted in Rhode Island DAY SAILING CHARTERS, SAILING TOURS,				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John P. Hirschler		Vice President Name Same as above		
Street Address 22 Greenough Place, Unit 2		Street Address		
City Newport	State RI	Zip 02840	City	State
Secretary Name Same as above		Treasurer Name Same as above		
Street Address		Street Address		
City	State	Zip	City	State
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 None		
Street Address		Street Address		
City	State	Zip	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
1,000 COMM NO PAR VALUE			100 None	No Par Value

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



File Date	1-14-05
Check No.	2104
By:	ac
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 P. Hirschler Date: 1/14/05  
Print or Type Name of Officer: John P. Hirschler  
Title of Officer: President



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. 84437		2. Name of Corporation Sight Sailing, Inc.		
3. Street Address Principal Business Office 32 Bowen's Wharf		City Newport	State RI	Zip 02840
4. Business Phone No. 849-3333		5. State of Incorporation RHODE ISLAND		6. SIC Code 6551
7. Brief Description of the Character of Business Conducted in Rhode Island DAY SAILING CHARTERS, SAILING TOURS,				
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John P. Hirschler		Vice President Name Same		
Street Address 22 Greenough Place, Unit 2		Street Address		
City Newport	State RI	Zip 02840	City	State
Secretary Name Same		Treasurer Name Same		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Same as above		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
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
1,000 COMM NO PAR VALUE			None	

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



\* 8 4 4 3 7 \*

File Date 3.8.04  
Check No. 577  
By: 10P

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 P. Hirschler 12/31/03  
Date  
Print or Type Name of Officer John P. Hirschler  
Title of Officer President



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 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

84437

Sight Sailing, Inc.

3. Street Address Principal Business Office

22 Greenough Place Unit 2

City

Newport

State

RI

Zip

02840

4. Business Phone No.

401 849-3333

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6551

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

Sailing Tours, Yacht Charters

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

John P. Hirschler

Vice President Name

Same

Street Address

22 Greenough Place Unit 2

Street Address

City State Zip

Newport RI

02840

City

State

Zip

Secretary Name

Same

Treasurer Name

Same

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

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)

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

1,000 COMM NO PAR VALUE

0

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



\* 8 4 4 3 7 \*

File Date: 2/3/03

Check No.: 360

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] 2/11/2003  
Signature of Officer Date

John P. Hirschler  
Print or Type Name of Officer

Title of Officer  
S

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.

84437

2. Name of Corporation

Sight Sailing, Inc.

3. Street Address Principal Business Office

22 Greenough Pl #2

City

Newport

State

RI

Zip

02840

4. Business Phone No.

401 844-3333

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6551

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

Yacht Charters, Sailing Tours

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

John P. Hirschler

Vice President Name

None

Street Address

22 Greenough Pl. #2

Street Address

City

Newport

State

RI

Zip

02840

City

State

Zip

Secretary Name

None

Treasurer Name

None

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

None

Director Name

None

Street Address

Street Address

City

State

Zip

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)

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

1,000 COMM NO PAR VALUE

None



\* 8 4 4 3 7 \*

File Date: 1-14-02

Check No.: 116

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] January 6, 2002  
Signature of Officer Date

John P. Hirschler  
Print or Type Name of Officer

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. **84437** 2. Name of Corporation **Sight Sailing, Inc.**

3. Street Address Principal Business Office **22 Greenough Pl. #2** City **Newport** State **RI** Zip **02840**  
4. Business Phone No. **401 849 3333** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6551**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sailing Tours Yacht charters**

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

President Name **John P. Hirschler** Vice President Name **None**  
Street Address **22 Greenough Pl #2** Street Address  
City **Newport** State **RI** Zip **02840** City State Zip  
Secretary Name **None** Treasurer Name **None**  
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 **None** Director Name **None**  
Street Address Street Address  
City State Zip 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)

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  
**None**

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



\* 8 4 4 3 7 \*

File Date: 2/22

Check No.: 1658

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.

John P. Hirschler January 8, 2002  
Signature of Officer Date

John P. Hirschler  
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 2000  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84437 2. Name of Corporation Signtsailing, Inc  
3. Street Address Principal Business Office 22 Greenough Pl. #2 City Newport State RI Zip 02840  
4. Business Phone No. 849-3333 5. State of Incorporation RI  
6. SIC Code 6551  
7. Brief Description of the Character of Business Conducted in Rhode Island Sailing Tours (acht Charters)

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

President Name	Vice President Name
<u>John P. Hirschler</u>	<u>Same</u>
Street Address	Street Address
<u>22 Greenough Pl. #2</u>	
City	City
<u>Newport</u>	
State	State
<u>RI</u>	
Zip	Zip
<u>02840</u>	
Secretary Name	Treasurer Name
<u>Same</u>	<u>Same</u>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
<u>Same</u>	
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Common</u>	<u>None</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>None</u>		

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

PAID

File Date: JUN 08 2000  
Check No.: 242037

SEC'Y OF STATE

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 P. Hirschler Date 5/19/2000  
Print or Type Name of Officer John P. Hirschler  
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  
401-277-3040



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. 84437 2. Name of Corporation Sightbailing, Inc.  
3. Street Address Principal Business Office 22 Greenough Pl. #2 City Newport State RI Zip 02840  
4. Business Phone No. 849-3333 5. State of Incorporation RI 6. SIC Code 6551  
7. Brief Description of the Character of Business Conducted in Rhode Island Sailing Tours Yacht Charters

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

President Name	<u>John P. Hirschler</u>	Vice President Name	<u>Same</u>
Street Address	<u>22 Greenough Pl. #2</u>	Street Address	
City	<u>Newport</u> State <u>RI</u> Zip <u>02840</u>	City	State Zip
Secretary Name	<u>Same</u>	Treasurer Name	<u>Same</u>
Street Address		Street Address	
City	State Zip	City	State Zip

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

Director Name	<u>Same</u>	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
<u>1000</u>	<u>Common</u>	<u>None</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>None</u>		

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

PAID

File Date: JUN 08 2000  
Check No.: 22637

By: SEC'Y 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.

John P. Hirschler 5/19/2000  
Signature of Officer Date  
John P. Hirschler  
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. 84437 2. Name of Corporation Sightsailing, Inc.  
3. Street Address Principal Business Office 22 Greenough Pl #2 City Newport State RI Zip 02840  
4. Business Phone No. 401 849-3333 5. State of Incorporation RI 6. SIC Code 6551

7. Brief Description of the Character of Business Conducted in Rhode Island  
Sailing Tours, Yacht charters

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

President Name <u>John P. Hirschler</u>	Vice President Name <u>SAME</u>
Street Address <u>22 Greenough Pl #2</u>	Street Address
City <u>Newport</u>	City
State <u>RI</u>	State
Zip <u>02840</u>	Zip
Secretary Name <u>SAME</u>	Treasurer Name <u>SAME</u>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <u>SAME</u>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Common</u>	<u>None</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>None</u>		

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

File Date: PAID JUN 08 2000  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
SEC'Y 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.

John P. Hirschler 5/10/2000  
Signature of Officer Date  
John P. Hirschler  
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.

84437

2. Name of Corporation

Sight Sailing, Inc.

3. Street Address Principal Business Office

22 White Terrace

City

Middletown

State

RI

Zip

02848

4. Business Phone No.

401 849-3333

5. State of Incorporation  
RHODE ISLAND

6. SIC Code  
6551

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

Sailing Tours, yacht charters

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

President Name

John P. Hirschler

Vice President Name

John P. Hirschler

Street Address

Street Address

22 White Terrace

City

State

Zip

City

State

Zip

Middletown RI 02842

Secretary Name

Treasurer Name

John P. Hirschler

John P. Hirschler

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

John P. Hirschler

Director Name

None

Street Address

Street Address

22 White Terrace

City

State

Zip

City

State

Zip

Middletown RI 02842

Director Name

Director Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR COMMON

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No par

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



\* 8 4 4 3 7 \*

File Date: 2/20/97

Check No.: 1399

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: [Signature] Date: 2/18/97

Print or Type Name of Officer: John P. Hirschler  
President

Title of Officer

## ANNUAL REPORT

1996



James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 84437		2. NAME OF CORPORATION Sight Sailing, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 22 White Terrace		CITY Middletown	STATE RI	ZIP CODE 02842	
4. BUSINESS PHONE NO. 401 849-3333		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 6551	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Sailing tours and instruction					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME John P. Hirschler			VICE PRESIDENT NAME None		
STREET ADDRESS 22 White Terrace			STREET ADDRESS None		
CITY Middletown	STATE RI	ZIP CODE 02842	CITY	STATE	ZIP CODE
SECRETARY NAME None			TREASURER NAME None		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME None			DIRECTOR NAME None		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME None			DIRECTOR NAME None		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000_SHS_NO_PAR_COMMON					

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date:

1/2/96

Check No:

886

By:

KID/UP

For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer

John P. Hirschler

Title of Officer

President

Date

1-2-96

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95