



**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. <b>89737</b>		2. Name of Corporation <b>Ledger Domain, Inc.</b>			
3. Street Address Principal Business Office <b>18 Imperial Place 6F</b>			City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401-831-8047</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7658</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>BOOKKEEPING AND ACCOUNTING SERVICES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Linda Train</b>			Vice President Name <b>Linda Train</b>		
Street Address <b>18 Imperial place 6F</b>			Street Address <b>18 Imperial Place</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name			Treasurer Name		
Street Address <b>Same as above</b>			Street Address <b>Same as above</b>		
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 <b>Linda Train</b>			Director Name		
Street Address <b>18 Imperial place 6F</b>			Street Address		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>	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"/>			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
<b>300 NO PAR VALUE</b>			<b>300</b>	<b>NO PAR VALUE</b>	

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



File Date	<b>1/11/05</b>
Check No.	<b>1341</b>
By:	<b>W</b>
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.

**Linda Train** **1-3-05**  
Signature of Officer Date  
**Linda Train**  
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. <b>89737</b>		2. Name of Corporation <b>Ledger Domain, Inc.</b>			
3. Street Address Principal Business Office <b>18 Imperial Place UF</b>			City <b>PROV.</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401-831-8047</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7658</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>BOOKKEEPING AND ACCOUNTING SERVICES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LINDA TROIA</b>			Vice President Name <b>LINDA TROIA</b>		
Street Address <b>78 Imperial Place</b>			Street Address <b>Same</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>LINDA TROIA</b>			Treasurer Name <b>LINDA TROIA</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
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 <b>LINDA TROIA</b>			Director Name		
Street Address <b>Same</b>			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	
<b>300 NO PAR VALUE</b>				<b>300 NO PAR VALUE</b>	

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



\* 8 9 7 3 7 \*

File Date	<b>1-12-04</b>
Check No.	<b>1188</b>
By:	<i>[Signature]</i>

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.

**1-6-04**

*[Signature]*  
Signature of Officer

**LINDA TROIA**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



**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. **89737** 2. Name of Corporation **Ledger Domain, Inc.**  
3. Street Address Principal Business Office **18 Imperial Place 6F** City **PROV** State **RI** Zip **02903**  
4. Business Phone No. **401-831-8047** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Bookkeeping / Accounting**

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

President Name <b>Linda Troia</b>	Vice President Name
Street Address <b>18 Imperial Place</b>	Street Address <b>SAME</b>
City <b>PROV</b> State <b>RI</b> Zip <b>02903</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
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 <b>Linda Troia</b>	Director Name
Street Address <b>18 Imperial Place</b>	Street Address
City <b>PROV</b> State <b>RI</b> Zip <b>02903</b>	City <b>SAME</b> Zip
Director Name <b>SAME</b>	Director Name
Street Address	Street Address <b>SAME</b>
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>300 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>300 NO PAR VALUE</b>		

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



\* 8 9 7 3 7 \*

File Date: **1-21-03**  
Check No.: **1274**  
By: **UP**

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.  
**Linda Troia** 1-12-03  
Signature of Officer Date  
**Linda Troia**  
Print or Type Name of Officer  
**President**



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. **89737** 2. Name of Corporation **Ledger Domain, Inc.**  
3. Street Address Principal Business Office **18 Imperia Place** City **PROV** State **RI** Zip **02903**  
4. Business Phone No. **831-8047** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Accounting**

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

President Name **Linda Troia** Vice President Name  
Street Address **18 Imperial Place** Street Address **Same as pres.**  
City **PROV** State **RI** Zip **02903** City State Zip  
Secretary Name Treasurer Name  
Street Address **Same as pres.** Street Address **Same as pres.**  
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 **Linda Troia** Director Name  
Street Address **18 Imperia Place** Street Address  
City **PROV** State **RI** Zip **02903** City **None** State Zip  
Director Name Director Name  
Street Address **None** Street Address **None**  
City State Zip City State Zip

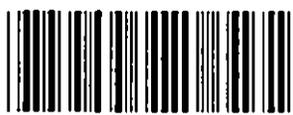
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**300 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 9 7 3 7 \*

File Date: 1-22-02  
Check No.: 1042  
By: [Signature]

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] 1-5-02  
Signature of Officer Date  
**Linda Troia**  
Print or Type Name of Officer  
**pres.**

FOR SECRETARY OF STATE USE ONLY



**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. <b>89737</b>		2. Name of Corporation <b>Ledger Domain, Inc.</b>			
3. Street Address Principal Business Office <b>18 Imperial Place</b>		City <b>Prov.</b>	State <b>RI</b>	Zip <b>02903</b>	
4. Business Phone No. <b>401-831-8047</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7658</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Bookkeeping Services</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Linda Troia</b>			Vice President Name <b>Linda Troia</b>		
Street Address <b>18 Imperial Place</b>			Street Address <b>Same</b>		
City <b>Prov.</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>
Secretary Name <b>Linda Troia</b>			Treasurer Name <b>Linda Troia</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>	City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Linda Troia</b>			Director Name <b>Same</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>	City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>
Director Name <b>Same</b>			Director Name <b>Same</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>	City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares <b>300 SHS NO PAR VALUE</b>	Class/Series	Par Value	Number of Shares <b>300</b>	Class/Series <b>Common Stock</b>	Par Value <b>NPV</b>

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



\* 8 9 7 3 7 \*

File Date: **1/19**

Check No.: **1291**

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]** **1-4-01**

Signature of Officer Date

**Linda Troia**

Print or Type Name of Officer

**President**

Title of Officer



**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. **89737** 2. Name of Corporation **Ledger Domain, Inc.**  
3. Street Address Principal Business Office **18 Imperial Place 6F** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **401-831-8047** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Bookkeeping Services**

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

President Name <b>Linda M. Troia</b>	Vice President Name <b>Linda M. Troia</b>
Street Address <b>18 Imperial Place</b>	Street Address <b>18 Imperial Place</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>Linda M. Troia</b>	Treasurer Name <b>Linda M. Troia</b>
Street Address <b>18 Imperial Place 6F</b>	Street Address <b>18 Imperial Place</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

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

Director Name <b>Linda M. Troia</b>	Director Name
Street Address <b>18 Imperial Place</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	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  
**300 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

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



\* 8 9 7 3 7 \*

File Date: **4-10-00**

Check No.: **394**

By: **AMF**

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.

**Linda M. Troia** 1-31-00  
Signature of Officer Date

**Linda M. Troia**  
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. <b>89737</b>		2. Name of Corporation <b>Ledger Domain, Inc.</b>	
3. Street Address Principal Business Office <b>18 IMPERIAL PLACE</b>		City <b>PROV</b>	State <b>RI</b>
		Zip <b>02903</b>	
4. Business Phone No. <b>401 831 8047</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7658</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Bookkeeping / Accounting Service</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Linda M. Troia</b>		Vice President Name <b>Linda M. Troia</b>	
Street Address <b>18 IMPERIAL PLACE</b>		Street Address <b>18 Imperial Place</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>PROV</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
Secretary Name <b>Linda M. Troia</b>		Treasurer Name <b>Linda M. Troia</b>	
Street Address <b>18 Imperial Place</b>		Street Address <b>18 Imperial Place</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>PROV</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Linda M. Troia</b>		Director Name	
Street Address <b>18 Imperial Place</b>		Street Address	
City <b>PROV.</b>	State <b>RI</b>	City	State
Zip <b>02903</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
<b>300 SHS NO PAR VALUE</b>		<b>300 SHS NO PAR VALUE</b>	

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: Feb 24 1999  
Check No.: 173  
By: [Signature]

Linda Troia 2-11-99  
Signature of Officer Date  
LINDA TROIA  
Print or Type Name of Officer  
President  
Title of Officer



**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. 02903 2. Name of Corporation Ledger Domain Inc  
~~05-0194825~~ City Prov. State RI Zip 02903  
3. Street Address Principal Business Office 18 Imperial Place Unit 6F  
4. Business Phone No. 731-8047 5. State of Incorporation RHODE ISLAND  
6. SIC Code 7653

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

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

President Name <u>Linda Troia</u>	Vice President Name
Street Address <u>18 Imperial Place 6F</u>	Street Address
City <u>Prov.</u> State <u>RI</u> Zip <u>02903</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	Director Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name <u>Same</u>	Director Name <u>Same</u>
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>300</u>	<u>Common Stock</u>	<u>no par value</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value

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

File Date: 2/26/98  
199892  
Check No.: \_\_\_\_\_  
By: KUD

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.  
Linda M. Troia 2-4-98  
Signature of Officer Date  
Linda M. Troia  
Print or Type Name of Officer  
President  
Title of Officer



**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. **89737**      2. Name of Corporation **Ledger Domain, Inc.**  
 3. Street Address Principal Business Office **343 Broadway** City **Prov.** State **RI** Zip **02909**  
 4. Business Phone No. **401-274-9549**      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **7658**

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

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

President Name <b>Linda Troia</b> Street Address <b>343 Broadway</b> City <b>Prov.</b> State <b>RI</b> Zip <b>02909</b>	Vice President Name <b>Linda Troia</b> Street Address <b>343 Broadway</b> City <b>Prov.</b> State <b>RI</b> Zip <b>02909</b>
Secretary Name <b>Linda Troia</b> Street Address <b>343 Broadway</b> City <b>Prov.</b> State <b>RI</b> Zip <b>02909</b>	Treasurer Name <b>Linda Troia</b> Street Address <b>343 Broadway</b> City <b>Prov.</b> State <b>RI</b> Zip <b>02909</b>

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

Director Name <b>Linda Troia</b> Street Address <b>343 Broadway</b> City <b>Prov.</b> State <b>RI</b> Zip <b>02909</b>	Director Name <b>Linda Troia</b> Street Address <b>343 Broadway</b> City <b>Prov.</b> State <b>RI</b> Zip <b>02909</b>
Director Name <b>Linda Troia</b> Street Address <b>343 Broadway</b> City <b>Prov.</b> State <b>RI</b> Zip <b>02909</b>	Director Name  Street Address  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
<b>300 SHS</b>	<b>NO PAR VALUE</b>		<b>300</b>	<b>COMMON STOCK</b>	<b>NPV</b>

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



\* 8 9 7 3 7 \*

File Date: **3/6/97**  
 Check No.: **1081**  
 By: **[Signature]**

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.  
**Linda Troia**      **2-5-97**  
 Signature of Officer      Date  
**LINDA TROIA**  
 Print or Type Name of Officer  
**President**  
 Title of Officer