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	2. Name of Corporation			
75738	MIRARI, INCORPORATED			
3. Street Address Principal Business Office		City	State	Zip
2001 Lunt Avenue		Elk Grove Village	IL	60007
4. Business Phone No.	5. State of Incorporation			6. SIC Code
847-437-3000	RHODE ISLAND			6551

7. Brief Description of the Character of Business Conducted in Rhode Island
OWNERSHIP, MANAGEMENT AND OPERATION OF A NAVAL VESSEL.

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

President Name			Vice President Name		
Bruce Stevens					
Street Address			Street Address		
2001 Lunt Avenue					
City	State	Zip	City	State	Zip
Elk Grove Village	IL	60007			
Secretary Name			Treasurer Name		
Bruce Stevens			Bruce Stevens		
Street Address			Street Address		
2001 Lunt Avenue			2001 Lunt Avenue		
City	State	Zip	City	State	Zip
Elk Grove Village	IL	60007	Elk Grove Village	IL	60007

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

Director Name			Director Name		
Bruce Stevens					
Street Address			Street Address		
2001 Lunt Avenue					
City	State	Zip	City	State	Zip
Elk Grove Village	IL	60007			
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			1,000	Common	NPV

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

[redacted]

75738

[redacted]

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*: January 10, 2005

Bruce Stevens
Print or Type Name of Officer

[redacted]

President
Title of Officer

File Date: 1-13-05

Check No.: 6017

By: dc

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 IN BLACK)

1. Corporate ID No. 75738

2. Name of Corporation MIRARI, INCORPORATED

3. Street Address Principal Business Office 2001 LUNT AVENUE

City ELK GROVE VLG *State* IL *Zip* 60007-

4. Business Phone No. 8474373000

5. State of Incorporation RHODE ISLAND

6 SIC Code 6551

7. Brief Description of the Character of Business Conducted in Rhode Island
OWNERSHIP, MANAGEMENT AND OPERATION OF A NAVAL VESSEL.

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

President Name Bruce Stevens
Street Address 2001 Lunt Avenue
City Elk Grove Viilage *State* IL *Zip* 60007

Vice President Name
Street Address
City *State* *Zip*

Secretary Name Bruce Stevens
Street Address 2001 Lunt Avenue
City Elk Grove Village *State* IL *Zip* 60007

Treasurer Name Bruce Stevens
Street Address 2001 Lunt Avenue
City Elk Grove Village *State* IL *Zip* 60007

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

Director Name Bruce Stevens
Street Address 2001 Lunt Avenue
City Elk Grove Village *State* IL *Zip* 60007

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
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*
1,000	Common	NPV

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

[redacted] 7 5 7 3 8 [redacted]

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.

B Stevens 3/15/4
Signature of Officer *Date*

Bruce Stevens
Print or Type Name of Officer

[redacted] President
Title of Officer

75738 DBC 03/05/04 10:22:53 AM
File Date 4/5/04
Check No. 6027
By: W.
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
75738	MIRARI, INCORPORATED			
3. Street Address Principal Business Office		City	State	Zip
2001 Lunt Avenue		Elk Grove Village	IL	60007
4. Business Phone No.	5. State of Incorporation			6. SIC Code
847-437-3000	RHODE ISLAND			6551

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

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

President Name	Vice President Name
Bruce Stevens	None
Street Address	Street Address
2001 Lunt Avenue	
City / State / Zip	City / State / Zip
Elk Grove Village IL 60007	
Secretary Name	**Treasurer Name**
Bruce Stevens	Bruce Stevens
Street Address	Street Address
2001 Lunt Avenue	2001 Lunt Avenue
City / State / Zip	City / State / Zip
Elk Grove Village IL 60007	Elk Grove Village IL 60007

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

Director Name	Director Name
Bruce Stevens	
Street Address	Street Address
2001 Lunt Avenue	
City / State / Zip	City / State / Zip
Elk Grove Village IL 60007	
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
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

[redacted] [redacted]

* 7 5 7 3 8 *

File Date: 3/3/03

Check No.: 5777

By: DW

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.

Bruce Stevens 1/2/03
Signature of Officer *Date*

Bruce Stevens
Print or Type Name of Officer

President
Title of Officer

[redacted]

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
75738	MIRARI, INCORPORATED

3. Street Address Principal Business Office	City	State	Zip
2001 Lunt Avenue	Elk Grove Village	IL	60007

4. Business Phone No.	5. State of Incorporation	6. SIC Code
847-437-3000	RHODE ISLAND	6551

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

Ownership and operation of a boat

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

President Name	Street Address	City	State	Zip
Bruce Stevens	2001 Lunt Avenue	Elk Grove Village	IL	60007

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Bruce Stevens	2001 Lunt Avenue	Elk Grove Village	IL	60007

Treasurer Name	Street Address	City	State	Zip
Bruce Stevens	2001 Lunt Avenue	Elk Grove Village	IL	60007

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

Director Name	Street Address	City	State	Zip
Bruce Stevens	2001 Lunt Avenue	Elk Grove Village	IL	60007

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
1,000	Common	NPV

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

* 7 5 7 3 8 *

File Date: 2/25/02

Check No.: 4638

By: a

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: January 21, 2002

Bruce Stevens
Print or Type Name of Officer

President
Title of Officer

5

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 75738
2. Name of Corporation: MIRARI, INCORPORATED

3. Street Address Principal Business Office: 2001 Lunt Avenue
City: Elk Grove Village
State: IL
Zip: 60007

4. Business Phone No.: 847-437-3000
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6551

7. Brief Description of the Character of Business Conducted in Rhode Island
Ownership and operation of a boat

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

President Name: Bruce Stevens
Street Address: 2001 Lunt Avenue
City: Elk Grove Village State: IL Zip: 60007

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

Secretary Name: Bruce Stevens
Street Address: 2001 Lunt Avenue
City: Elk Grove Village State: IL Zip: 60007

Treasurer Name: Bruce Stevens
Street Address: 2001 Lunt Avenue
City: Elk Grove Village State: IL Zip: 60007

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

Director Name: Bruce Stevens
Street Address: 2001 Lunt Avenue
City: Elk Grove Village State: IL Zip: 60007

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	NPV

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

[redacted] [redacted]

* 7 5 7 3 8 *

File Date: 3/1

Check No.: 3566

By: [redacted]

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.

B Stevens FEB 14, 2001
Signature of Officer *Date*

Bruce Stevens
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
75738	MIRARI, INCORPORATED

3. Street Address Principal Business Office	City	State	Zip
2001 Lunt Avenue	Elk Grove Village	IL	60007

4. Business Phone No.	5. State of Incorporation	6. SIC Code
847-437-3000	RHODE ISLAND	6551

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

Ownership and operation of a boat

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

President Name	Vice President Name
Bruce Stevens	None
Street Address	Street Address
2001 Lunt Avenue	
City / State / Zip	City / State / Zip
Elk Grove Village IL 60007	
Secretary Name	Treasurer Name
Bruce Stevens	
Street Address	Street Address
2001 Lunt Avenue	
City / State / Zip	City / State / Zip
Elk Grove Village IL 60007	

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

Director Name	Director Name
Bruce Stevens	
Street Address	Street Address
2001 Lunt Avenue	
City / State / Zip	City / State / Zip
Elk Grove Village IL 60007	
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	COMM	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	NPV

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

* 7 5 7 3 8 *

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.

B Stevens — January 20, 200

Signature of Officer — *Date*

Bruce Stevens

Print or Type Name of Officer

President

Title of Officer

File Date: 3-1-00

Check No.: 1008

By: RD

FOR SECRETARY OF STATE USE ONLY

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 1999

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
75738	MIRARI, INCORPORATED		
3. Street Address Principal Business Office	City	State	Zip
2001 Lunt Avenue	Elk Grove Village	IL	60007
4. Business Phone No.	5. State of Incorporation		6. SIC Code
847/437-3000	RHODE ISLAND		6551

7. Brief Description of the Character of Business Conducted in Rhode Island
Ownership and operation of a boat

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

President Name	Vice President Name
Bruce Stevens	None
Street Address	Street Address
2001 Lunt Avenue	
City / State / Zip	City / State / Zip
Elk Grove Village / IL / 60007	
Secretary Name	Treasurer Name
Bruce Stevens	Bruce Stevens
Street Address	Street Address
2001 Lunt Avenue	2001 Lunt Avenue
City / State / Zip	City / State / Zip
Elk Grove Village / IL / 60007	Elk Grove Village / IL / 60007

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

Director Name	Director Name
Bruce Stevens	
Street Address	Street Address
2001 Lunt Avenue	
City / State / Zip	City / State / Zip
Elk Grove Village / IL / 60007	
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 SHS COMM NO PAR VAL			1,000	Common	NPV

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

[redacted]

* 7 5 7 3 8 *

File Date: feb02,99

Check No.: 2240

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 16 Feb 99

Signature of Officer *Date*

Bruce Stevens
Print or Type Name of Officer

[redacted]

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
75738	MIRARI, INCORPORATED			
3. Street Address Principal Business Office		City	State	Zip
2001 Lunt Avenue		Elk Grove Village	IL	60007
4. Business Phone No.	5. State of Incorporation			6. SIC Code
847/437-3000	RHODE ISLAND			6551

7. Brief Description of the Character of Business Conducted in Rhode Island
Ownership and operation of a boat

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

President Name	Street Address	City	State	Zip
Bruce Stevens	2001 Lunt Avenue	Elk Grove Village	IL	60007

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Bruce Stevens	2001 Lunt Avenue	Elk Grove Village	IL	60007

Treasurer Name	Street Address	City	State	Zip
Bruce Stevens	2001 Lunt Avenue	Elk Grove Village	IL	60007

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

Director Name	Street Address	City	State	Zip
Bruce Stevens	2001 Lunt Avenue	Elk Grove Village	IL	60007

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	NPV

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

[redacted]

* 7 5 7 3 8 *

File Date: 1/6/98

Check No.: 1525

By: KP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

B [signature] 12 Jan 98

Signature of Officer *Date*

Bruce Stevens
Print or Type Name of Officer

[redacted] 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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
75738	MIRARI, INCORPORATED

3. Street Address Principal Business Office	City	State	Zip
2001 Lunt Avenue	Elk Grove Village	Illinois	60007

4. Business Phone No.	5. State of Incorporation	6. SIC Code
708/ 437-3000	Rhode Island	

7. Brief Description of the Character of Business Conducted in Rhode Island
Ownership and operation of a boat

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

President Name	Vice President Name
Bruce Stevens	None
Street Address: 2001 Lunt Avenue	Street Address:
City: Elk Grove Village, State: Illinois, Zip: 60007	City, State, Zip:
Secretary Name	**Treasurer Name**
Bruce Stevens	Bruce Stevens
Street Address: 2001 Lunt Avenue	Street Address: 2001 Lunt Avenue
City: Elk Grove Village, State: Illinois, Zip: 60007	City: Elk Grove Village, State: Illinois, Zip: 60007

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

Director Name	Director Name
Bruce Stevens	
Street Address: 2001 Lunt Avenue	Street Address:
City: Elk Grove Village, State: Illinois, Zip: 60007	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 COMM NO PAR VAL			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

[redacted]

File Date: 7.28.97

Check No.: 1007

By: LP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

B Stevens 24 July 1997

Signature of Officer *Date*

Bruce Stevens
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION		
75738	MIRARI, INCORPORATED		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
2001 Lunt Avenue	Elk Grove Village	Illinois	60007
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION		6. SIC CODE
(708)437-3000	RHODE ISLAND		

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Ownership and operation of a boat

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Bruce Stevens			None		
STREET ADDRESS			STREET ADDRESS		
2001 Lunt Avenue					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Elk Grove Village	IL	60007			
SECRETARY NAME			TREASURER NAME		
Bruce Stevens			Bruce Stevens		
STREET ADDRESS			STREET ADDRESS		
2001 Lunt Avenue			2001 Lunt Avenue		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Elk Grove Village	IL	60007	Elk Grove Village	IL	60007

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
Bruce Stevens					
STREET ADDRESS			STREET ADDRESS		
2001 Lunt Avenue					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Elk Grove Village	IL	60007			
DIRECTOR NAME			DIRECTOR NAME		
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 COMM NO PAR VAL			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

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

Bruce Stevens
Print or Type Name of Officer

President
Title of Officer

20 FEB 96
Date

File Date: 2/23/96
Check No: 8567
By: CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0075738 Annual Report for the year: 1995

Name of Corporation: MIRARI, INCORPORATED

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:
c/o Rollex Corporation
2001 Lunt Avenue
Elk Grove Village, Illinois 60007
Phone: (708) 437-3000

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
None
Phone: ( )

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Ownership and operation of a boat

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Bruce Stevens,	2001 Lunt Avenue,	Elk Grove Village, Illinois	60007
VICE PRESIDENT				
SECRETARY				
TREASURER	Bruce Stevens,	2001 Lunt Avenue,	Elk Grove Village, Illinois	60007

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Bruce Stevens,	2001 Lunt Avenue,	Elk Grove Village, Illinois	60007
	Bruce Stevens,	2001 Lunt Avenue,	Elk Grove Village, Illinois	60007
	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
1,000	Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
1,000	Common

Date 19 Jan, 1995 By: B Stevens
Bruce Stevens
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PRENTICE-HALL CORP SYSTEM
170 WESTMINSTER STREET, SUITE 900
PROVIDENCE RI 02903

FILED
JAN 2 5 1995
By
CV/021