

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Providence, RI 02903-1335 401-222-3040

Filing Period: January 1 - Me (FORM MUST BE TYPED OR PRINT	• • • • • • • • • • • • • • • • • • • •	Fce: \$50.00				
1. Corporate ID No 75738	2. Name of Corporation MIRARI, INCORP	OPATED				
3 Street Address Principal Business O		UKATED	T	I e.	T ***:	
•	•		City	State	Zψ	
4. Business Phone No. 5. State of incorporation		Contractive and a series	Elk Grove Village	<u> IL</u>	60007	
847-437-3000		5. State of Incorporation RHODE ISLAND			6. SIC Code 6551	
7. Brief Description of the Character of	F Business Conducted in Ri	1			0001	
OWNERSHIP, MANAGE	MENT AND OPERATION	ON OF A NAVAL VESSE	L.			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	C"X" ROX FOR ATTA	CHMENT) FILL IN SPACE	CES BEFORE USING A	TTACUMENTS	
President Name		(: Vice President Name	ora were course w	TROMERTS	
Bruce Stevens						
Sirvet Address			Street Address	 		
2001 Lunt Avenue			SIRCI Maares			
City	State	Z(p	: City	State	1975	
Elk Grove Village	IL	60007	: Cu):	State	Zip	
Secretary Name	LI.L.	[00007	: Treasurer Name	I	.J	
Bruce Stevens			Bruce Stevens			
Street Address			Street Address			
2001 Lunt Avenue			•			
City:	State	24.	2001 Lunt Avenue	La.	Lau	
	ļ	2007	: City	State	Zip	
Elk Grove Village 9. NAMES AND ADDRESSES	L IL	60007	Elk Grove Village	IL	60007	
Director Name	OF THE DIRECTORS	ii (x BOX FOR XII	Director Name	ACES BEFORE USING	ALIACHMEN 13	
			Date of Name			
Bruce Stevens Siren Address			Sireet Address			
			Siret Marts			
2001 Lunt Avenue	State	Zip	Cuy	State	7/6	
•		1 '	City	Sime	Zíp	
Elk Grove Village Director Name	IL	60007	Director Name		l	
			Parketon Pulling			
Street Address			Communication of the communica			
SPECT AUTOLOS			Street Address			
City	State	Zip	City	State	Zip	
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			1,000	Common	NPV	
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i his report must be si	gned in ink by eithe	r the President, Vice Pi	resident, Secretary, Assistant Se	ecretary. Treasurer, Re-	ceiver or Trustee	
1 188111 11		I 1881				
			Under penalty of perjury.	I declare and affirm that	L have examined this repor	
	75738			ring echadulas and statem		

	Under penalty of perjury. I declare and affirm that including any accompanying schedules and state	it I have examinents, and that	ned this t all sta	report.
<	contained declinate true and concer.	January	10,	2005
	Signature of Officer	1	Daic	
	Bruce Stevens			
	Print or Type Name of Officer			
	President			
	Title of Officer			



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, Rt 02903-1335

401.222.3040 Office of the Secretary of State 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. 2. Name of Corporation 75738 MIRARI, INCORPORATED 3. Street Address Principal Business Office City State Zio 2001 LUNT AVENUE ELK GROVE IL 60007-4. Business Phone No. 5. State of Incorporation 6 SIC Code 8474373000 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 State City State Zıp Elk Grove Viilage 60007 Secretary Nume Treasurer Name Bruce Stevens Bruce Stevens Sircei Address Streci Address 2001 Lunt Avenue 2001 Lunt Avenue City State Zip 60007 Elk_Grove_Village TI. 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 Sircei Address 2001 Lunt Avenue Cin Zip City State Zıp Elk Grove Village 60007 Director Name Director Name Street Address Street Address City State City Zip Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Scries Par Value Number of Shares Class/Scries 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 Under penalty of perjury, I declare and affirm that I have examined

75738 DBC 03/05/04 10:22:53 AM File Date 4/5/04
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FOR SECRETARY OF STATE USE ONLY

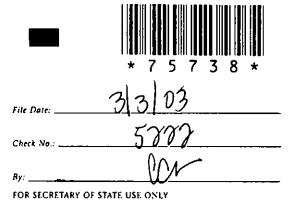
this report including any accompanyin	g schedules and statements,
BALLER	3/1\$4
Signature of Officer Bruce Stevens Frint or Type Name of Officer	Date
Print or Type Name of Officer President	
Title of Officer	Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR.

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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 Zip 2001 Lynt EIK Grove Village 60007 4. Business Phone No. S. State of Incorporation 6. SIC Code **RHODE ISLAND** 6551 847-437-3000 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 Street Address Street Address Zip City State ZipEIK Grove Village Treasurer Name Secretary Name Bruge Stevens : Bruce Stevens Street Address Street Address State EIK Grove Village 60007 60007 IL Elk Grove Village IL 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 Zip 210 City State EIK Grove Vilone Director Name . Director Name Street Address Street Address City City State 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 No Pan 1,000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accomp	anying schedules and statements, an
that all stationants contained here	in are true and correct.
BX	1/2/03
Signature of Orocer	Dat
Bruce Stevens	
Print or Type Name of Officer	
President	



(FORM MUST BE TYPED IN BLACK)

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

iling	Period:	January	1-March 1	•	Filing	Fec:	\$50.	00

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75738	MIRARI, INC	CORPORATED			
3. Street Address Principal Business Of	Tice	•••	City	State	Zip
2001 Lunt Avenue 4. Business Phone No.		5. State of Incorporation	Elk Grove Village	IL	60007 6. SIC Code
847-437-3000 7. Brief Description of the Character of	f Business Conducted I.	RHODE ISLAND # Rhode Island		•	6551
Ownership and open	ration of a SOFTHEOFF	boat CERS Ext BOX FOR ATTACH	MENT) FILL IN SPACES BEI	ORE USING ATTACK	IMENTS
President Name			Vice President Name		
Bruce Stevens' Street Address			None Street Address		
2001 Lunt Avenue	State	Zip	City	State	7/-
Elk Grove Village		60007	(A)	State	Zip
Secretary Name	- • • •		Treasurer Name		• • • • • • • • • •
Bruce Stevens Street Address			Bruce Stevens Street Address		
2001 Lunt Avenue	State	Zip	2001 Lunt Avenue	State	Zip
Elk Grove Village 9 NAMES AND ADDRESSE	IL S OF THE DIRE	60007	Elk Grove Village	IL	60007
Director Name			Director Name		-
Bruce Stevens			:		
Street Address			Street Address		
City 2001 Lunt Avenue	State	Zip	Gity	State	Zip
Elk Grove Village	IL .	60007	Director Name		- -
			•		
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
10. SHARES AUTHORIZED	CX* BOX FOR ATTA	(CHMENT)	11. SHARES ISSUED (*x*)	BOX FOR ATTACHMENT?	· •'····
70111010227.45002.1	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares			1,000	Common	NPV
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Number of Shares	JE		1,000	5 0- 2 011	



File Date:	2/25/02
Check No.:	4638
Check No.: Bv:	2

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, as	n
that all stronger contained herein ore true and correct.	
	

January 21, 2002 Date

Bruce Stevens

Print or Type Name of Officer

President

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

2. Name of Corporation MIRARI, INCORPORATED

3. Street Address Principal Business Office

2001 Lunt Avenue

5. State of Incorporation

Elk Grove Village

State IL

60007

4. Business Phone No. 847-437-3000

RHODE ÍSLAND

6. SK-C54

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

Vice President Name None

Bruce Stevens

Street Address

2001 Lunt Avenue

Elk Grove Village

TI.

City

City

State

Zip

Secretary Name

60007

· Treasurer Name

Bruce Stevens

Street Address

2001 Lunt Avenue

Street Address

2001 Lunt Avenue

Bruce Stevens

60007

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

IL

60007

Elk Grove Village

IL

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Bruce Stevens

Street Address

Street Address

Director Name

2001 Lunt Avenue

City

State

City

State

Zip

Elk Grove Village Director Name

IL

60007

Director Name

Street Address

Street Address

City

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

1,000

Number of Shares

Common

NPV

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



File Date

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.

<u>Bruce Stevens</u> Print or Type Name of Officer

President Title of Officer



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 FU AND READ

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 75738 MIRARI, INCORPORATED 3. Street Address Principal Business Office City Zip 2001 Lunt Avenue Elk Grove Village 60007 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 847-437-3000 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 City State Zip Elk Grove Village 60007 ILSecretary Name Treasurer Name Bruce Stevens Street Address Street Address 2001 Lunt Avenue Zip City Elk Grove Village 60007 ΙL 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Bruce Stevens Street Address Street Address 2001 Lunt Avenue City City State 210 Elk Grove Village 60007 ILDirector 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/Serles Par Value 1,000 SHS COMM NO PAR VAL

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



File Date: 3 - 1-00	
Check No.: 1008	
By: PD	_

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 systemers contained herein are true and correct.

at all statements contained herein are true and correct.

January 20, 200

Signature of Office

Bruce Stevens

Print or Type Name of Officer
President

Title of Officer

Date



Check No.: .

FOR SECRETARY OF STATE USE ONLY

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

CTOD
PU ASE READ INSTRUCTIONS
INCIDED TRANS
(CRAILECTIONS)

(FORM MUST BE TYPED IN BLAC	K)				TXXTREE HOXX
. 1. Corporate ID No.	2. Name of Corpor				
75738 3. Street Address Principal Business O		CORPORATED			
2001 Lunt Avenue	Hick		Elk Grove Village	State IL	60007
4. Business Phone No.		S. State of Incorpora	tion		6. SIC Code
847/437-3000		RHODE ISL	AND		6551
7. Brief Description of the Character of Ownership and Operation		in Rhode Island			
		TORNS (ave now non			
President Name	es OF THE OFF	TUERS CA- BOX FOR A	TTACHMENT) FILL IN SPACES B	EFURE USING ATTA	CHMENIS
Bruce Stevens			None		:
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
2001_Lunt_Avenue					
City	State	Zip	City	State	Z.Ip
Elk Grove Village	IL	60007			
Secretary Name			Treasurer Name		
Bruce_Stevens			Bruce Stevens		
			Street Address		
2001_Lunt_Avenue	State	Zip	2001 Lunt Avenue	State	Zip
Elk Grove Village	IL	60007	Elk Grove Village	IL	60007
9. NAMES AND ADDRESS			ATTACHMENT) TILL IN SPACES	BEFORE USING AT	TACHMENTS
Director Name	• •	· · · · · · · · · · · · · · · · · · ·	Director Name		
Bruce_Stevens					
Street Address			Street Address		
2001_Lunt_Avenue	State				
•		Zip	City	State	Zip
Elk Grove Village Director Name] IL	60007	Director Name		
			<i></i>		
Street Address		-·	Street Address		
City	State	Zip	City-	State	ZIp
	<u> </u>				
10. SHARES AUTHORIZED	("X" HOX FOR AT	FACHMENT)	11. SHARES ISSUED CX	BOX FOR ATTACHMEN	iτ) []
AUTHORIZED SHARES			ISSUED SLEARES	·· ·	
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			1,000	Common	NPV
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This report must be signer	In the by en	net the President, v.	ice President, Secretary, Assist	ant Secretary, Itea:	surer, Receiver or Irustee
1 100111 101		(4), (44)			
			Under penalty of period	ver 1 declare and affir	en that i have examined
·	5738	\$ *	/ 1		rm that I have examined hedules and statements, and
<i>f</i> : Λ	100000	· · - · •		ntained herein ere tru	
File Date:	JORANY		\sim \sim \sim	- } -	~ KERRY
, · <i>V</i>	22110		Signature of Officer		Date

Bruce Stevens
Print or Type Name of Officer

President

Title of Officer



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

STOP	`
PELAM READ INVIRUCTIONS	

(FORM MUST BE TYPED IN BLA	ICK)					
1. Corporate ID No.	2. Name of Corpor	ation				
75738	MIRARI IN	CORPORATED				
3. Street Address Principal Business	Office	CONFONATED —-	City	State	Zip	
2001 Lunt Avenue			Elk Grove Village	IL	60007	
4. Business Phone No.	· • .	5. State of Incorporat	ion		6. SIC Code	
847/437-3000		PHODE ISI	AND		6551	
7. Brief Description of the Characte	r of Business Canducted	in Rhode Island	NNU			
Ownership and opera	tion of a boat	•				
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) 🛈		., ., ., ., ., ., ., ., ., ., ., ., ., .	
President Name			Vice President Name		 	
Bruce Stevens			None	None		
Street Address		**	Street Address			
2001 Lunt Avenue					·	
City	State	Zip	City	State	Zip	
Elk Grove Village	: IL	60007			į .	
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	į IL	60007	
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR				
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	
		1			-7	
10. SHARES AUTHORIZE	D ("X" BOX FOR AT	TACHMENT)	11 SHARES ISSUED (2)	ROY FOR ATTACHMENT		
AUTHORIZED STARES			ISSUED SHARES	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 1		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
· · · · -					TOT TOTAL	
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1,000 SHS COMM N	U PAH VAL			- 1		
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this report must be sign	ed in ink by eit	her the President, Vi	ce President, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Truste	

File Date:	V198	7 3 8 >- ^-	,
Check No.: 15	05	A	
Ву:	\mathcal{P}	71/	
FOR SECRETARY OF STA	TE USE ONLY	V	

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.

TRV(- 12)

Signature of Officer

Date 98

Bruce Stevens

Print or Type Name of Officer

President

Title of Officer



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.	2. Name of Corpora	tion.		'	
75738		INCORPORATED			
Street Address Principal Business Off			City	† State	Zip
2001 Lunt Avenue			Elk Grove Village	4	60007
. Rusiness Phone No.		5. State of Incorporation		1	6. SIC Code
708/ 437-3000	•	Rhode Island			0,011,0001
. Brief Description of the Character of	Business Conducted I	n Rhode Island			
Ownership and oper					•
NAMES AND ADDRESSE	S OF THE OFFI	CERS (*X* HOX FOR ATTACE	(MENT)		
resident Name			Vice President Name		
Bruce Stevens			None		
treet Address			Street Address		
2001 Lunt Avenue			:		
ïty	State	Zip	City	State	Zip
Elk Grove Village	Illinois	60007			•
ecretary Name		***** * * *****	Treasurer Name		· ····· · · · · · · · · · · · · · · ·
Bruce Stevens			Bruce Stevens		
treet Address			Street Address		
2001 Lunt Avenue			2001 Lunt Avenue		
Dity	State	Zip	City	State	Zip
Elk Grove Village	Illinois	60007	Elk Grove Village	2 Illinois	60007
Bruce Stevens treet Addiess 2001 Lunt Avenue			Director Name Street Address		
			<u> </u>		
illy Plk Chana Village	State	Zip	City	State	Zip
Elk Grove Village	Illinois	60007	······································		
irector Name			Director Rame		
reet Address			Street Address		
City	State	ZIp	City	State	Zip
0. SHARES AUTHORIZED UTHORIZED SHARES	AND ISSUED (X BOX FOR ATTACHMENT)	ISSUED SHARKS	· . — • · •	
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1,000 SHS COMM NO	PAR VAL		1,000	Common	No Par
· <u>-</u>	- ·	· 	<u>i</u>		

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.

| Check No.:
| Bruce Stevens
| Print or Type Name of Officer
| President
| Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



Print or Type Name of Officer

President

Title of Officer

20 F00 96 Date

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

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

By: .

For Secretary of State Use Only

1, CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR I	PRINT IN BLACK INK.			
75738		, INCORPORATED				
3. STREET ADDRESS PRINCIPAL BUSINESS OF		THEORPORATED	COLA	SIATE	ZP CODE	
2001 Lunt Avenue	2		Elk Grove Village	1	60007	
4 BUSINESS PHONE NO.		5 STATE OF INCORPORATION	·· -·· !	1	6 SXC 000E	
(708)437-3000 7. BRIEF DESCRIPTION OF THE CHARACTER OF	F BUSINESS CONDUCTED IN RHOOE ISL	RHODE IS	SLAND			
Ownership and o						
PRESIDENT NAME	8 . N A M	ES AND ADDR	ESSES OF THE OFF	I C.E.R.S		
Bruce Stevens			None			
STREET ADDRESS			STREET ADDRESS			
2001 Lunt Aven	16					
αν Elk Grove Villago	e IL	^{до ∞06} 60007	ατγ	STATE	∑P COO€	
SECRETARY NAVE			TREASURER NAME			
Bruce Stevens siret ADDRESS			Bruce Stevens			
			STREET ADDRESS 2001 Lunt Avenu			
2001 Lunt Aven	STATE	ZIP COOE	air	I STATE	ZP CODE	
Elk Grove Village	IL	60007	Elk Grove Village		60007	
		ES AND ADDR	ESSES OF THE DIR			
DIRECTOR NAME			DIRECTOR PLANE	· · · · ·		
Bruce Stevens STREET ADDRESS						
			STREET ADDRESS			
2001 Lunt Avenue	STATE	ZIP COOE	ary	SIATE	T ZTP COOE	
Elk Grove Village	IL	60007		Jane .	ar cour	
DIRECTOR NAME			DIRECTOR HAVE		<u> </u>	
STREET ADDRESS			STREET ADDRESS			
OTY .	STATE	ZIT 000E	ATT.			
	SIAIE	zir wa	Cit	STATE	7.P COCE	
					<u> </u>	
<u></u>		ARES AUTHOR	IZED AND ISSUED	·		
MUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERES	PAR VALUE	//UN/BER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE	
1,000 SHS (COMM NO PAR VAL	·	1,000	Common	No Par	
						
	This	report must be SIG	NED IN INK by either the			
Pres	adent, Vice Presider	nt, Secretary, Assist	tant Secretary, Treasurer, R	eceiver or Trustee		
			Under penalty of p	erjury, I declare and aff	irm that I have examined thi	
			report, includ <u>ino, a</u> n	y accompanying sched ained herein are true an	ules and statements, and the	
			(15 X I	A TOTAL TOTA	a adiregti	
File Date: 2/23	196		<u> </u>		ــــــــــــــــــــــــــــــــــــــ	
	/	,	Signature of Officer			
Check No: 856	.7		Bruce Steve	1113		

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

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ANNUAL REPORT

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0075738 Corporate ID:			Annual Report for the year:			
	MIRARI, INCOR		report for the year.			
	on:	1 - 7 - 1 1				
	ized under the laws of the State of: Rhoo		isiness Entity is (check one):			
c/o Rollex Co	dress and telephone number of principal offi	ce: [Business Corporation (See RIGL Chapter 7-1.			
2001 Lunt Ave	enue		J Professional Service Corporation (See RIGL C	hapter 7-5.1)		
Elk Grove Vi	llage, Illinois 60007	D.	ief statement of the character of business conduct	. I to Divide the Li		
Phone: (708) 4.	37-3000		Ownership and operation of a	ed in Knode Island: boat		
Address and telephon	e of the principal office of business entity in					
·	address - Not P.O. Box):					
	None					
				** ** · · · · · · · · · · · · · · · · ·		
Pu ()						
··	THE N	SAMES OF THE OF	FICERS ARE:			
PRESIDENT		STREET ADDRESS	CHYSTATE	ZIP CODE		
	s, 2001 Lunt Avenue,		Elk Grove Village, Il	linois 60007		
VICE PRESIDENT		STREET ADDRESS	CHYSTATE	ZJP CODE		
SECRETARY	_ ·	STREET ADDRESS	CITYSTAIL	ZIP CODE		
	s, 2001 Lunt Avenue,		Elk Grove Village, Il	linois 60007		
TREASURER		STREET ADDRESS +	CUYSTATE	ZIP CODE		
Bruce Steven	s, 2001 Lunt Avenue,	<u> </u>	Elk Grove Village, Il	linois 60007		
NAME	THE N	AMES OF THE DIR STREET ADDRESS	ECTORS ARE:	ZIP CODE		
Bruce Stevens	s, 2001 Lunt Avenue,		Elk Grove Village, I			
NAME:	2001 Built Avenue,	STREET ADDRESS	CITYSTATE	ZIP CODE		
			·			
NAME	·	STREET ADDRESS	CHY/STA'LE	ZIP CODE		
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NUMBER OF SHARE	S AUTHORIZED (Rider may be attached)	NUMI	BER OF SHARES ISSUED AND OUTSTANDING (R	ider may be attached)		
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Date 19		By:	<u>Juna</u>			
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Form 31 1/95		<u>Presiden</u> TITLE OF OFFICER SIG				
	DESIGNATED DECI	STEDED ACUSE D	OD CEDETCE OF PROCECC			

<u>DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:</u>

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

FILED

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

By 97712