



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 89647		2. Name of Corporation Lotus Landscape, Inc.			
3. Street Address Principal Business Office P.O. BOX 248			City NORTH KINGSTOWN	State RI	Zip 02852-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL LANDSCAPE DESIGN.					

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

President Name Kevin B. Brannon			Vice President Name None		
Street Address PO Box 248			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Kevin B. Brannon			Treasurer Name Kevin B. Brannon		
Street Address PO Box 248			Street Address PO Box 248		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852

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

Director Name Kevin B. Brannon			Director Name		
Street Address PO Box 248			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO 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



\*89647 DBC 01/11/05 09:02:24 PM\*

File Date FILED

Check No. W.P.R. 14 2005

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.

Kevin B. Brannon 2/9/05  
Signature of Officer Date

KEVIN B BRANNON  
Print or Type Name of Officer

SEE ABOVE ↑  
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 IN BLACK)

1. Corporate ID No. 89647		2. Name of Corporation Lotus Landscape, Inc.			
3. Street Address Principal Business Office P.O. BOX 248			City NORTH KINGSTOWN	State RI	Zip 02852-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL LANDSCAPE DESIGN.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin B. Brannon			Vice President Name None		
Street Address PO Box 248			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Kevin B. Brannon			Treasurer Name Kevin B. Brannon		
Street Address PO Box 248			Street Address PO Box 248		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin B. Brannon			Director Name None		
Street Address PO Box 248			Street Address		
City North Kingstown	State RI	Zip 02852	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) <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
1,000	NO 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 9 6 4 7

\*89647 DBC 01/26/04 01:47:00 PM\*

File Date 3/4/04

Check No. 5046

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] 2/19/04  
Signature of Officer Date  
Kevin B. Brannon  
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 IN BLACK)

1. Corporate ID No. *89647*		2. Name of Corporation Lotus Landscape, Inc.			
3. Street Address Principal Business Office P.O. BOX 248			City NORTH KINGSTOWN	State RI	Zip 02852-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL LANDSCAPE DESIGN.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Kevin B. Brannon			Vice President Name		
Street Address PO Box 248			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Kevin B. Brannon			Treasurer Name Kevin B. Brannon		
Street Address PO Box 248			Street Address PO Box 248		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Kevin B. Brannon			Director Name		
Street Address PO Box 248			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) [ ]</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	common	no par
<b>11. SHARES ISSUED (X BOX FOR ATTACHMENT) [ ]</b>					

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



\*89647.DBC2/13/0310:06:12 AM\*

File Date 3-18-03

Check No. 2353

By: llp

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.

*Kevin B. Brannon* 3/16/03  
Signature of Officer Date

Kevin B. Brannon  
Print or Type Name of Officer

President  
Title of Officer



**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. **89647** 2. Name of Corporation **Lotus Landscape, Inc.**  
3. Street Address Principal Business Office **PO Box 248** City **N. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Landscaping**

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

President Name <b>Kevin B. Brannon</b>	Vice President Name <b>None</b>
Street Address <b>PO Box 248</b>	Street Address _____
City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City _____ State _____ Zip _____
Secretary Name <b>Kevin B. Brannon</b>	Treasurer Name <b>Kevin B. Brannon</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) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Kevin B. Brannon</b>	Director Name <b>None</b>
Street Address <b>PO Box 248</b>	Street Address _____
City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City _____ State _____ Zip _____
Director Name <b>None</b>	Director Name <b>None</b>
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 8 9 6 4 7 \*

**FILED**

File Date: MAR 13 2002  
Check No.: \_\_\_\_\_  
By: CC 5725

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.

*Kevin B. Brannon* 3/1/02  
Signature of Officer Date

**Kevin B. Brannon**

Print or Type Name of Officer  
**President**

Title of Officer  
**5**



**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. **89647** 2. Name of Corporation **Lotus Landscape, Inc.**

3. Street Address Principal Business Office **PO Box 248** City **N. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

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

**Landscaping**

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

President Name <b>Kevin B. Brannon</b>	Vice President Name <b>None</b>
Street Address <b>PO Box 248</b>	Street Address <b>None</b>
City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>
Secretary Name <b>Kevin B. Brannon</b>	Treasurer Name <b>Kevin B. Brannon</b>
Street Address <b>PO Box 248</b>	Street Address <b>PO Box 248</b>
City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>Kevin B. Brannon</b>	Director Name <b>None</b>
Street Address <b>PO Box 248</b>	Street Address <b>None</b>
City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

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

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 9 6 4 7 \*

File Date: 5-14-01  
Check No.: 5320  
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] Date \_\_\_\_\_  
Signature of Officer  
**Kevin B. Brannon**  
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. **89647** 2. Name of Corporation **Lotus Landscape, Inc.**  
3. Street Address Principal Business Office **PO BOX 248** City **N. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**LANDSCAPING**

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

President Name <b>KEVIN B. BRANNON</b> Street Address <b>PO BOX 248</b> City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Vice President Name <b>NONE</b> Street Address City State Zip
Secretary Name <b>KEVIN B. BRANNON</b> Street Address <b>PO BOX 248</b> City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Treasurer Name <b>KEVIN B. BRANNON</b> Street Address <b>PO BOX 248</b> City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>KEVIN B. BRANNON</b> Street Address <b>PO BOX 248</b> City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Director Name <b>NONE</b> Street Address City State Zip
Director Name <b>NONE</b> Street Address City State Zip	Director Name <b>NONE</b> Street Address City State Zip

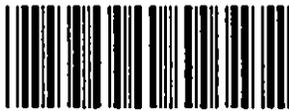
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>

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



\* 8 9 6 4 7 \*

File Date: 3-7-00  
Check No.: 4682  
By: DA

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.

Kevin B. Brannon 2/6/00  
Signature of Officer Date

**KEVIN B. BRANNON**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 99

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89647** 2. Name of Corporation **Lotus Landscape, Inc.**  
3. Street Address Principal Business Office **PO Box 167** City **Newshoreham** State **RI** Zip **02807**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **Rhode Island** 6. SIC Code **2212**

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

**Landscaping**

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

President Name <b>Kevin B. Brannon</b> Street Address <b>PO Box 167</b> City <b>Newshoreham</b> State <b>RI</b> Zip <b>02807</b>	Vice President Name <b>None</b> Street Address _____ City _____ State _____ Zip _____
Secretary Name <b>Same</b> Street Address _____ City _____ State _____ Zip _____	Treasurer Name <b>Same</b> Street Address _____ City _____ State _____ Zip _____

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

Director Name <b>Kevin B. Brannon</b> Street Address <b>PO Box 167</b> City <b>Newshoreham</b> State <b>RI</b> Zip <b>02807</b>	Director Name <b>None</b> Street Address _____ City _____ State _____ Zip _____
Director Name <b>None</b> Street Address _____ City _____ State _____ Zip _____	Director Name <b>None</b> Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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

File Date: 04-01-99

Check No.: 2982

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] 3/1/99  
Signature of Officer Date

**Kevin B. Brannon**

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. **89647** 2. Name of Corporation **Lotus Landscape, Inc.**  
3. Street Address Principal Business Office **1270 Tower Hill Rd** City **N. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **(401)** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

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

**Landscaping**

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

President Name <b>Kevin B. Brannon</b>	Vice President Name <b>None</b>
Street Address <b>1270 Tower Hill Rd</b>	Street Address
City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</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)

Director Name <b>Kevin B. Brannon</b>	Director Name <b>None</b>
Street Address <b>1270 Tower Hill Rd</b>	Street Address
City <b>N. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City State Zip
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No par**

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



File Date: 3/24/98  
Check No.: 3364  
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: 3/5/98  
**Kevin B. Brannon**  
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. **89647** 2. Name of Corporation **Lotus Landscape, Inc.**  
3. Street Address Principal Business Office **1270 Tower Hill Road** City **N. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **295-0257** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Landscape design, installation and maintenance**

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

President Name <b>Kevin B. Brannon</b>	Vice President Name <b>None</b>
Street Address <b>1270 Tower Hill Road</b>	Street Address
City State Zip <b>N. Kingstown RI 02852</b>	City State Zip
Secretary Name <b>Kevin B. Brannon</b>	Treasurer Name <b>Kevin B. Brannon</b>
Street Address <b>1270 Tower Hill Road</b>	Street Address <b>1270 Tower Hill Road</b>
City State Zip <b>N. Kingstown RI 02852</b>	City State Zip <b>N. Kingstown RI 02852</b>

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

Director Name <b>Kevin B. Brannon</b>	Director Name <b>None</b>
Street Address <b>1270 Tower Hill Road</b>	Street Address
City State Zip <b>N. Kingstown RI 02852</b>	City State Zip
Director Name <b>None</b>	Director Name <b>None</b>
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
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>		<b>100</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 3/25/97  
Check No.: 3028  
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.  
Kevin B. Brannon 3/1/97  
Signature of Officer Date  
**Kevin B. Brannon**  
Print or Type Name of Officer  
**President**  
Title of Officer