

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

2005

PROFIT	CORPORATION AN	NNUAL REPORT	FOR THE	YEAR
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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 82650 LUCIO'S AUTO SALES & SERVICE, INC. ProL. 454.8181 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF SELLING USED AUTOMOBILES, PROVIDING MAINTENANCE, REPAIR AND GARAGE SERVICES Street Address
36 CHN 15TOPHEN 91

City PNOV- State PE. Zipo 2804 Vice President Name MARISH. BARONE Sircei Address
3 60° HRISTOPIY EII SI

City P1126: State PT Zup 2438/ Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Director Name Street Address Street Address Zip City State $Z_{i}p$ 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 OXO NOPING-1,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date 1/20/05 Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY



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

FORM MUST BE TYPED O	1 - March 1 • F	lling Fee: \$50.00	I FOR THE YEA	AR	<u> </u>
. Corporate ID No	2. Name of Corpore	าเเอา			· · · ·
82650	LUCIO'S AU	TO SALES & SERVICE, IN	IC.	•	
Street Address Principal Bi	isiness Office MIRAL ST.		City PNOU.	State R.I.	Zip 02908
	4-8181	5. State of Incorporation RHODE ISLAND	1		6. SIC Code
TO ENGAGE IN T FOR AUTOMOBIL President Name	ESSES OF THE OFFICE	ING USED AUTOMOBILES ERS: ("X" BOX FOR ATT	: Vice President Name	E, REPAIR AND GARAG SPACES BEFORE USIN	
	0 - 13 14 NON NISTOPYEN		Street Address 36 C (+1)		
	State p. T.		City PROV	Siaic	2.407 4084
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treet Address			Street Address		
îty	State	Z(p	Cuy	State	ZIp
Director Name	10.1317 20 +11.00 TODAS		Director Name Street Address	N SPACES BEFORE US	ING ATTACHMENTS
"" Prov -	State /37	2ip 910, &	City	State	Zip
Pirector Name			Director Name		
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This report mu	ust be signed in ink by	either the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer	. Receiver or Trustee
File Date			Under penalty of pe	erjury, I declare and affirm mpanying schedules and st	that I have examined this restatements, and that all statem
Check No. JAN 1		_	Signature of Officer Date L((C) - P) HNONE		
By YY	116929	_	Print or Type Name	of Officer	
FOR SECRETAR	Y OF STATE USE ONLY			211/11	<u></u>

Title of Officer



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

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INSTRUCTIONS	IJ

Filing Period: January 1			OKI FOR THE	TEAR	PLEASE R INSTRUCT
FORM MUST BE TYPED OR PRINTED 1. Corporate ID No.	O IN BLACK) 2. Name of Corporation				
82650	LUCIO'S AUTO	SALES & SERVICE, INC	•		
3. Street Address Principal Business Of	fice	oneco a delivide, iii	city Proc.	State P.J.	21002908
4. Business Phone No.		5. State of Incorporation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. SIC Code
401-454-816 7. Brief Description of the Character of AUTO - SALFS	Business Conducted in Rh	RHODE ISLAND			3335
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEFO	ORE USING ATTACHM	ENTS
President Name	32 A . 14 TE		Vice President Name	0 10 0 10 5	
LUCIO. B	MARKE			BANONE	
Street Address 36 C 4 n めて	OPHEROS	•	Street Address 360HN18Ta	PHEP3.	
prov-	State PH2=	210 62904	City PL	State N. T	210 290Eq
Secretary Name	•	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	••	•
Street Address			Street Address		
City	State	Zip	City	State	ZIp
9. NAMES AND ADDRESSE Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name	EFORE USING ATTACH	MENTS
Street Address			Street Address		
City	State	Zip	·City	State	Zip
Director Name	·		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	1-14-03 1888
Sheck No.:	1888
By:	AMF
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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 begin are true and correct.

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Sein	Borows	1/13/03
Signature of Officer		Date
14010	BANONE	
Print or Type Name of O	fficer	
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Title of Officer

S Form 6

Form 630 12/02



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: Januar	y 1-March 1 •	Filing Fee: \$50.00			PLEASE REA INSTRUCTIO
(FORM MUST BE TYPED IN BL					
1. Corporate ID No.	2. Name of Corpor		The state of the s	المراجعة المراجعة المحتمرات والمراج	
82650 3. Street Address Principal Busines	LUCIO'S A	UTO SALES & SERVICE, I			
337 ADA	inal st		PILOU.	State RT	02408
4. Business Phone No. 454-8	181	5. State of Incorporation RHODE ISLAN		•	6. SIC Code 3335
7. Brief Description of the Charact			5		3333
		170011	1118 - AUTO SH	(= S'	
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
Street Address	0-131ARG	-	MARISA	BANONE	
36241	1 (BTOPH C State RI	73+	Street Address 36 EITA	ISTOP HEN	g Y
PAQU.	State RI	0290	Cly PNOV.	State N.T	zip 0 1%0 4
Secretary Name		V. T. A	Treasurer Name	• •	,,
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("x" BOX FOR AT	TACHMENT) · FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name .			Director Name	• • • •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
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This report must be sign	ed in ink by citi	ner the President, Vice	President, Secretary, Assist	ant Secretary, Treasu	rer, Receiver or Truste
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	* 8 2 6 5 0 *
File Date:	116 2002
Check No.:	1686
By:FOR SECRETARY OF S	TATE 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

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Sucin Borone	1/8/02
Signature of Officer	Date
Lulio -BHNONE	
Print or Type Name of Officer	

Pr ESIVET

Title of Officer **◆>** 5

Form 630 12/01

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

(FORM MUST BE TYPED IN BLACK)

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT	CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2001

1. Corporate ID No. 82650	Z. Name of Corporate	on UTO SALES & SERV	ICF. INC.		
3. Street Address Principal Business 337 A O M / N. 4. Business Phone No.	office 196 ST-	5. State of Incorporation		State R. I	ZIP 0290 (
401- 154-8 7. Brief Description of the Character	of Business Conducted in	RHODE ISLAND Rhode Island			3335
8. NAMES AND ADDRES President Name		CERS (*x* box for attach	Vice President Name	BEFORE USING ATTAC	CHMENTS
CUEIO-BX Street Address \$6 E HNIS City PNOV.		91-	Street Address	. BANOUE STOPHENS	,,
City PNOU. Secretary Name	State N. I.	2102904	City PNOL.	STOPHENC,	02904
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES: Director Name	SES OF THE DIRE	CTORS (*X* BOX FOR ATTA	CHMENT) FILL, IN SPAC Director Name	ES BEFORE USING ATTA	ACHMENTS
Street Address			Street Address		
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Director Name			Director Name	<u>~</u> .	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: . Check No.: _

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.

Du	Borone	2.7-07
Signature of Officer	Date	

Print or Type Name of Officer Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION

	RIACKI				
FORM MUST BE TYPED IN . Corporate ID No.	2. Name of Corpo	sation			
82650		AUTO SALES & SERVI	CE. INC.		
. Street Address Principal Bus.			City	State	Zin
337 ADMIN			Prov.	Pt.	2102908
Business Phone No.		5. State of Incorporation		• -	6. SIC Code
401-454-	<i>8181</i>	RHODE ISLAND			3335
Brief Description of the Chair AUTO S4	racter of Business Conducted しだら、ヒ MEPA				
. NAMES AND ADD	RESSES OF THE OF	FICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
resident Name	_	_	Vice President Name	_	
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reet Address	NISTOPHE		Street Address		
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ecretary Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	Treasurer Name		•
reet Address			Street Address		
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. NAMES AND ADDI	RESSES OF THE DI	RECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
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umber of Shares	Class/Series	Par Value	. Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: _	2.1. 7.7	_
Check No.:	FEB 01-2000	

LUCIO - BARONE
Print or Type Name of Officer FRESIDENT

that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

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 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLEASE	
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(FORM MUST BE TYPED IN I	RLACK)		•		
1. Corporate ID No. 82650	2. Name of Corport	ution UTO SALES & SERVI	CE, INC.		
3. Street Address Principal Busin	iesi Office		PROU.	State / C.	02908
4. Business Phone No. 401-454-8	181	S. State of Incorporation RHODE ISLAN			6. SIC Code 3335
	HAVIER AND	SALES			:
8. NAMES AND ADDR President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	CHMENT) [FILL IN SPACES : Vice President Name	BEFORE USING ATTA	CHMENTS
24210-1	BHRONE		MARISA.	BARONE	
	TOPHEN		Street Address 36 CHN187	TOP HEACH	
PROU.	State /	02904	ciry P120.	State	02904
Secretary Name		••••••	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT	ACHMENTS
Street Address			Street Address		:
City	State	Zip	City	State	Zip
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This report must be si	gned in ink by eit	her the President, Vice	President, Secretary, Assi	stant Secretary, Treas	surer, Receiver or Truste
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		Under penalty of perjury, I declare and affir	m that I have examined
	FILED	this report, including any accompanying sch that all statements contained herein are true	
ile Date:	JAN 0 7 1999	Signature of Officer	1/7/99 Date
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OR SECRETARY	OF STATE USE ONLY	Title of Officer	

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james R. Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335

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. 2. Name of Corporation 82650 LUCIO'S AUTO SALES & SERVICE, INC. 3. Street Address Principal Business Office 337 ADMIRACGT 02208 4. Business Phone No. 5. State of Incorporation 6. SIC Code 454.8181 RHODE ISLAND 3335 7. Brief Description of the Character of Business Conducted in Rhode Island ... AUTO SERVEE day SALES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name LUCIO - BHRONE MARISH - BHRUNE Street Address 36 CHRISTOPHER ST 36 CHRISTOPHER GA Secretary Name Street Address Street Address City 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Street Address Street Address State City Director Nam Director Name Street Address Street Address 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 1.00 cm WOPAVALL

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

	* 8 2 6 5 0 *		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, as	.no
File Date:	1/20/98	1	signature of Officer Date	
Ву:	OF YTHTE USE ONLY		Print or Type Name of Officer Print of Officer Print of Officer Title of Officer	_



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT	CORPORATION	ANNIIAI	DEDODT	1007
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PROFIT CO	RPORATIO	N ANNUAL F Filing Fee: \$50.00	REPORT 199	7	STOP: E PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN	BLACK)				GOMPLETING THIS FORMS
1. Corporate ID No. 82650		NUTO SALES & SERV	ICE, INC.		
3. Street Address Principal Busin 337 ADMIR			Prov.	State R I.	219 02908
<u>-</u>	4-8181	S. State of Incorporation RHODE ISLA!	ND		6. SIC Code 3335
7. Brief Description of the Chara	acter of Business Conducted i AUSE EL S				
8. NAMES AND ADDR	. ' . '	CERS ("X" BOX FOR ATTACI	HMENT)		
	0 - BARON		Vice President Name M A	IRISH - BAR	ONE
Street Address 3 6 CF	IRISTOPH	ER ST.	Street Address 36 Cf	IRISTOPHE	n st
	Stole I	2102904	PROV.	State R. I	21002904
Secretary Name			Treasurer Name		•••••••••••••••••••••••••••••••••••••••
Street Address			Street Address		·
City	State	Zip	City	State	Zip
9. NAMES AND ADDR Director Name	ESSES OF THE DIRE	CTORS ('X' BOX FOR ATTA	CHMENT) [
Street Address			Street Address		
City	State	Zip .	City	State	Zip
Director Name	•••		Director Name		
Street Address	·	+	Street Address		
City	State	Zip	City	State	Zip
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This report must be si	gned in ink by eith	er the President, Vice I	President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Trustee
File Date: 1-6	<u>-97</u>	u · * 	this report, include that all statement	perjury, I declare and affiring any accompanying schools contained herein are true BARONE	edules and statements, and
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Print or Type Name of Officer

Title of Officer

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PROFIL CURPURATION **ANNUAL REPORT**

1996



State of Knode 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

CORPORATE ID NO.	2. NAME OF CORPORATION		PRINT IN BLACK INK.		·
82650	Lucto	NE BIIMO ESTRO -	CEDUTOR THE		
STREET ADDRESS PRINCIPAL BUS	INESS OFFICE	O'S AUTO SALES &	SERVICE, INC.	TSIAIE	120° 200€
337 AD	MIRAL ST.		PROV.	R.I.	02908
	8181	5. STATE OF INCORPORATION RHODE IS	SLAND		3335
	CTER OF BUSINESS COMMUCTED BY RHOC . (ALL TO SULL)				· · · · · · · · · · · · · · · · · · ·
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rrov.	STATE R.L.	02904	PROV.	STATE R.	02904
RETARY NAME		, , , , , , , , , , , , , , , , , , , 	TREASURER NAME		
REET ADDRESS			STREET ADOMESS	- · · · · · · · · · · · · · · · · · · ·	
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y	STATE	ZIP COOE -	ary	STATE	ZIP CODE
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1,000 SH	S COMM NO PAR V	AL	Now		
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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.

Print or Type Name of Officer

For Secretary of State Use Only

307

File Date:

Check No:

By:

2-13-96.

PRESIDERT Title of Officer