

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2003
Filing Period: January 1 - March 1 • Filing Fee: \$50.00	

(FORM MUST BE TYPED IN	BLACK)				
i. Corporate II) No. *115012*	2. Nume of Corpora GENESIS SY				
3 Street Address Principal Bu.	*	· - • ·	Cin	State	Zip
14 EAST THIRD ST	REET, PO BOX		LEWISTOWN	PA	17044-
4 Business Phone No. 7179098500		5. State of Incorporation PENNSYLVANI			6. SIC Code 7872
COMPUTER SOFTWARE	gracier of Business Condi SALES	icted in Rhode Island			
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR A	TACHMENT) FILL IN ST	PACES BEFORE USING A	TTACHMENTS
Thomas L Reese			Vice President Name		1
Street Address			Street Address		
N580 Main Street			•		
Cin	State	Zip	City	Sivie	Zip
East Waterford	, PA	17021	•		
Secretary Name	• • •		Treasurer Name		• • • • • • • • • •
Helen C. Fishter			Richard J. Hube	er	
Street Address			Striet Address		
1 East Third Stre	eet		.1813 Hunters Di	rive	
City	State	Zip	City	State	Zip
Lewistown	PA	17044	.Mechanicsburg	PA	17055
9. NAMES AND ADDRE Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMÊNT) 🔲 FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Thomas L Reese			Richard J. Hube	er	
Street Address			Sireei Address		
N580 Main Street			1813 Hunters D	rive	
Cay	State	Zip	Ciny	State	Zip
East Waterford	PA	17021	Mechanicsburg	PA	17055
Duector Name Helen C. Fishter	• •	• • • • • • • • • • • • • • • • • • • •	Director Name		• • • • • • • • • • • • • • • • • • • •
Street Address			Street Address		
1 East Third Stre	eet		•		
City	State	Zip	City	State	Zip
Lewistown	PA	17044	•	1	
10. SHARES AUTHORIZED ("X" BOX FOR ATTA		TTACHMENT)	11. SHARES ISSUED (*)	Y BOX FOR ATTACHME	יים מיי
Number of Shares	Cluss/Series	Par Value	Number of Shures	Cluss/Series	Par Value
50.000.000.00			!		
50,000 COMM \$1.00 F	PAR VALUE		1,750	Common	,\$1.00
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			}		
This report must be sign	ed in ink by either	the President Vice F	President Secretary Assi	Stant Secretary Trees	urer. Receiver or Trustee
			remacht, becretary, hast	sium secretary, rreus	arer, receiver or trastee
	A DI BANK A DIBI MANDIMA KA				
+ 1 1	5 0 1 2 +			rjury. I declare and affirm	
		_	this report, including	g any accompanying sche	dules and statements,
115012 FBC4/29/03	12:07:45 PM		and that all statemen	nts confined herein are tr	ue and correct.
File Date	1- 8-1)-	31	cottl/	4/	E 0
	<u>, , , , , , , , , , , , , , , , , , , </u>		Sidon man or Otto A	/ce	1000 1000 1000 1000 1000 1000 1000 100
Check No.	132 Cer)	Signature of Office	, 0	Daic
			Thums	1 L. Kroce	
B <u>v:</u>	ai	_	irini or type Name oj	Ufficer '	
FOR SECRETARY OF STAT	E LISE ONLY		- PResil.	47	
TOR OLUKEIARI OF SIMI	JUL (14L1		Title of Officer	-	Form 630 12 01



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 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation *115012* GENESIS SYSTEMS, INC. Žip 3. Street Address Principal Business Office PA 17044-14 EAST THIRD STREET, PO BOX 546 LEWISTOWN 6. SIC Code 4. Business Phone No. 5. State of Incorporation 7872 7179098500 **PENNSYLVANIA** 7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER SOFTWARE SALES BINAMIES AND ADDRESSES OF THE OFFICERS (AN BOX FOR AT A CHMENT). FILL IN PACKS BEFOR AUXINOVALACISMENT.

President Name Vice President Name Thomas Street Address Street Address Zip State Treasurer Nan Secretary Na Street Addres City 7050 17044 Mechanicsburg CONTRACTOR OF THE PROPERTY OF Director Name Street Address Street Address City State City State Zip Director Name Director Name Street Address Street Address Zio State City ENTERIOR DESCRIPTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTR - IDSHARESAUTHORIZED (CAPIDA FOR TRICHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Class/Series Par Value Par Value Number of Shares Class/Series 1.00 50,000 COMM \$1.00 PAR VALUE Commas 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. *115012 FBC8/15/0212:40:12 PM* クプッサ File Date Check No. By: FOR SECRETARY OF STATE USE ONLY Form 630 12/01

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D No. 115012

2. Name of Corporation
GENESIS SYSTEMS, INC.

3. Street Address Principal Business Office		City	State	Zip
14 EAST THIRD STREET, F 8. Business Phone No.	5. State of Incorporation	LEWISTOWN	PA	1704 6. SIC Code
717-909-8500	PENNSYLVANIA			7872

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name THOMAS REESE Street Address Street Address MAIN STREET, PO BOX 21 City State State Zip EAST WATERFORD PA 17021 Secretary Name Treasurer Name RICHARD J HUBER HELEN C FISHTER 1 EAST THIRD STREET 1813 HUNTERS DRIVE City City Zip LEWISTOWN, 17044 MECHANICSBURG PA 17055 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State Zip City State 210 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ZINAI R. CEUZZI Number of Shares Number of Shares Class/Series Par Value Class/Series Car Value

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:	2/20
Check No.:	12194
Ву:	Zi.
FOR SECRETARY	OF STATE USE ONLY

A TROUTE HERE MAN A PHAIL BRIDE HERE FIRM FOR I

50,000 COMM \$1.00 PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and hat all statements contained herein are true and correct. BICHARN

COMMON

\$1.00