



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *115012* 2. Name of Corporation GENESIS SYSTEMS, INC.
3. Street Address Principal Business Office 14 EAST THIRD STREET, PO BOX 546 City LEWISTOWN State PA Zip 17044-
4. Business Phone No. 7179098500 5. State of Incorporation PENNSYLVANIA 6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER SOFTWARE SALES

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

President Name Thomas L. Reese Vice President Name
Street Address N580 Main Street Street Address
City East Waterford State PA Zip 17021 City State Zip
Secretary Name Helen C. Fisher Treasurer Name Richard J. Huber
Street Address 1 East Third Street Street Address 1813 Hunters Drive
City Lewistown State PA Zip 17044 City Mechanicsburg State PA Zip 17055

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

Director Name Thomas L. Reese Director Name Richard J. Huber
Street Address N580 Main Street Street Address 1813 Hunters Drive
City East Waterford State PA Zip 17021 City Mechanicsburg State PA Zip 17055
Director Name Helen C. Fisher Director Name
Street Address 1 East Third Street Street Address
City Lewistown State PA Zip 17044 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
50,000	COMM	\$1.00 PAR VALUE	1,750	Common	\$1.00

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



* 1 1 5 0 1 2 *

115012 FBC4/29/0312:07:45 PM

File Date 5-8-03

Check No. 13260

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 5-8-03

Print or Type Name of Officer Thomas L. Reese

Title of Officer President

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *115012*		2. Name of Corporation GENESIS SYSTEMS, INC.		
3. Street Address Principal Business Office 14 EAST THIRD STREET, PO BOX 546		City LEWISTOWN	State PA	Zip 17044-
4. Business Phone No. 7179098500		5. State of Incorporation PENNSYLVANIA		6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER SOFTWARE SALES				
8. NAMES AND ADDRESSES OF THE OFFICERS (XX BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Thomas Reese		Vice President Name		
Street Address P.O. Box 21		Street Address		
City East Waterford	State PA	Zip 17021	City	State
Secretary Name Helen Fisher		Treasurer Name Richard J. Huber		
Street Address East Third St.		Street Address 1813 Hunters Drive		
City Lewistown	State PA	Zip 17044	City Mechanicsburg	State PA
9. NAMES AND ADDRESSES OF THE DIRECTORS (XX BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (XX BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS				
A. SHARES AUTHORIZED				B. SHARES ISSUED (XX BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS
AUTHORIZED SHARES				ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
50,000 COMM \$1.00 PAR VALUE			1750	Common

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



* 1 1 5 0 1 2 *

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.

Richard J. Huber 9/11/02
Signature of Officer Date
Richard J. Huber, CPA
Print or Type Name of Officer

CEO/Treasurer
Title of Officer

115012 FBC8/15/0212:40:12 PM

File Date 10-2-02

Check No. 12401

By: kmc

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **115012** 2. Name of Corporation **GENESIS SYSTEMS, INC.**

3. Street Address Principal Business Office **14 EAST THIRD STREET, PO BOX 546** City **LEWISTOWN** State **PA** Zip **17044**
4. Business Phone No. **717-909-8500** 5. State of Incorporation **PENNSYLVANIA** 6. SIC Code **7872**

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 THOMAS REESE	Vice President Name
Street Address MAIN STREET, PO BOX 21	Street Address
City State Zip EAST WATERFORD PA 17021	City State Zip
Secretary Name HELEN C FISHTER	Treasurer Name RICHARD J HUBER
Street Address 1 EAST THIRD STREET	Street Address 1813 HUNTERS DRIVE
City State Zip LEWISTOWN, PA 17044	City State Zip 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 Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
50,000 COMM \$1.00 PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1750	COMMON	\$1.00

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



* 1 1 5 0 1 2 *

File Date: 2/20

Check No.: 12194

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] Date 2-2-01

RICHARD HUBER

TREASURER