



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 87153		2. Name of Corporation MJM Investigations, Inc.			
3. Street Address Principal Business Office 222 Jefferson Boulevard Ste 200		City Warwick		State RI	Zip 02888
4. Business Phone No. 800 927 0450		5. State of Incorporation NORTH CAROLINA			6. SIC Code 5744
7. Brief Description of the Character of Business Conducted in Rhode Island PRIVATE INVESTIGATIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael John Malone			Vice President Name David Brent Faggart		
Street Address 910 Paverstone Drive			Street Address 910 Paverstone Drive		
City Raleigh	State NC	Zip 27615	City Raleigh	State NC	Zip 27615
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES N/A					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM \$1.00 PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES N/A					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



87153

File Date	1/7/05
Check No.	6454
By:	U.
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 Michael J. Malone Date 12/28/04
Print or Type Name of Officer Michael Malone
Title of Officer President / CEO



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 87153		2. Name of Corporation IAJM Investigations, Inc.			
3. Street Address Principal Business Office 170 Westminster Street Suite 900		City Providence	State RI	Zip 02903	
4. Business Phone No. 919 846 0997		5. State of Incorporation NORTH CAROLINA			6. SIC Code 5744
7. Brief Description of the Character of Business Conducted in Rhode Island PRIVATE INVESTIGATIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Malone			Vice President Name Brent Faggart		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES N/A			ISSUED SHARES N/A		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM \$1.00 PAR VALUE					

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



* 8 7 1 5 3 *

RECEIVED

File Date **JAN 26 2004**
Check No. **6584**
By: **BY**

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 **Michael Malone** Date

Print or Type Name of Officer **President Michael Malone**

Title of Officer



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 2003

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

87153 MJM Investigations, Inc.

3. Street Address Principal Business Office

910 Paverstone Drive

City

Raleigh

State

NC

Zip

27615

4. Business Phone No.

800-927-0456

5. State of Incorporation

NORTH CAROLINA

6. SIC Code

5744

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

Private Investigations

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael J. Malone

Vice President Name

Philip Sandy

Street Address

910 Paverstone Drive

Street Address

910 Paverstone Drive

City Raleigh

State

NC

Zip

27615

City Raleigh

State

NC

Zip

27615

Secretary Name

Brent Faggart

Treasurer Name

Brent Faggart

Street Address

910 Paverstone Drive

Street Address

910 Paverstone Drive

City Raleigh

State

NC

Zip

27615

City Raleigh

State

NC

Zip

27615

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

All Same as above

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

Number of Shares

Class/Series

Par Value

100,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

0

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



* 8 7 1 5 3 *

File Date: 1-13-03

Check No.: 4379

By: KMC

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: Michael J. Malone Date: 1/10/03

Print or Type Name of Officer: Michael J. Malone

Title of Officer: President



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. 87153 2. Name of Corporation MJM Investigations, Inc.

3. Street Address Principal Business Office 910 PAVERSTONE DR City RALEIGH State NC Zip 27615
4. Business Phone No. 800 927-0456 5. State of Incorporation NORTH CAROLINA 6. SIC Code 5744

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

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

President Name <u>Michael J. Malone</u> Street Address <u>910 Paverstone Dr.</u> City <u>Raleigh</u> State <u>NC</u> Zip <u>27615</u>	Vice President Name <u>Jeff Davis</u> Street Address <u>910 Paverstone Dr.</u> City <u>Raleigh</u> State <u>NC</u> Zip <u>27615</u>
Secretary Name <u>Brent Faggart</u> Street Address <u>910 Paverstone Dr.</u> City <u>Raleigh</u> State <u>NC</u> Zip <u>27615</u>	Treasurer Name <u>Brent Faggart</u> Street Address <u>910 Paverstone Dr.</u> City <u>Raleigh</u> State <u>NC</u> Zip <u>27615</u>

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

Director Name <u>All same as above</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u>None</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Director Name <u>None</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u>None</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100,000 SHS COMM \$1.00

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

ISSUED SHARES
Number of Shares Class/Series Par Value
300 0

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



* 8 7 1 5 3 *

File Date: 1-25-02
Check No.: 2748
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 1/22/02
Print or Type Name of Officer Brent Faggart
Title of Officer Sec/Treas.



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. **87153** 2. Name of Corporation **MJM Investigations, Inc.**

3. Street Address Principal Business Office **8001 Aerial Center #300** City **Morrisville** State **NC** Zip **27560**
4. Business Phone No. **800 927 0456** 5. State of Incorporation **NORTH CAROLINA** 6. SIC Code **5744**

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

Private Investigations

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

President Name Michael J. Malone	Vice President Name Joel Davis
Street Address 8001 Aerial Center #300	Street Address 8001 Aerial Center #300
City Morrisville State NC Zip 27560	City Morrisville State NC Zip 27560
Secretary Name Brant Faggart	Treasurer Name Brant Faggart
Street Address 8001 Aerial Center #300	Street Address 8001 Aerial Center #300
City Morrisville State NC Zip 27560	City Morrisville State NC Zip 27560

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

Director Name All same as above	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100,000 SHS COMM \$1.00

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

ISSUED SHARES
Number of Shares Class/Series Par Value
300

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



* 8 7 1 5 3 *

3/2

File Date: **2291**

Check No.: **22**

By: _____

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 **Brant Faggart** Date **2/25/01**

Print or Type Name of Officer **Brant Faggart**

Title of Officer **Sec/Treas**



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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

87153

2. Name of Corporation

NJM Investigations, Inc.

3. Street Address Principal Business Office

8001 AERIAL CNT STE 300

MOORESVILLE

NC

Zip

27560

4. Business Phone No.

919-462-0861

5. State of Incorporation

NORTH CAROLINA

6. SIC Code

5744

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

INSURANCE INVESTIGATIONS

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

MICHAEL J. MALONE

Street Address

8001 AERIAL CENTER STE 300

MOORESVILLE

City

NC

27560

Secretary Name

CHRISTOPHER MALONE

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

Director Name

MICHAEL J. MALONE

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

Director Name

JEFFREY DAVIS

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

Vice President Name

BRENT FAGGETT

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

Treasurer Name

CHRISTOPHER MALONE

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

Director Name

BRENT FAGGETT

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

Director Name

BRENT FAGGETT

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

MICHAEL J. MALONE

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

Director Name

JEFFREY DAVIS

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

Director Name

JEFFREY DAVIS

Street Address

8001 AERIAL CNT STE 300

MOORESVILLE

City

NC

27560

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100,000 SHS COMM \$1.00

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

REGULAR

\$300

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



* 8 7 1 5 3 *

File Date: 2/18/00

Check No.: 1786

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] 2/18/2000
Signature of Officer Date

MICHAEL J. MALONE
Print or Type Name of Officer

PRESIDENT
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87153		2. Name of Corporation MJM Investigations, Inc.			
3. Street Address Principal Business Office 8001 Aerial Center, Suite 300,		City Morrisville,	State NC		
4. Business Phone No. (919) 462-0861		5. State of Incorporation NORTH CAROLINA	6. SIC Code 5744		
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Investigations					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Malone		Vice President Name Brent Faggart			
Street Address 8001 Aerial Center, Suite 300,		Street Address 8001 Aerial Center, Suite 300,			
City Morrisville,	State NC	City Morrisville,	State NC		
Zip 27560		Zip 27560			
Secretary Name Christopher Malone		Treasurer Name Christopher Malone			
Street Address 8001 Aerial Center, Suite 300,		Street Address 8001 Aerial Center, Suite 300,			
City Morrisville,	State NC	City Morrisville,	State NC		
Zip 27560		Zip 27560			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Malone		Director Name Brent Faggart			
Street Address 8001 Aerial Center, Suite 300		Street Address 8001 Aerial Center, Suite 300,			
City Morrisville,	State NC	City Morrisville,	State NC		
Zip 27560		Zip 27560			
Director Name Jeffrey Davis		Director Name			
Street Address 8001 Aerial Center, Suite 300,		Street Address			
City Morrisville,	State NC	City	State		
Zip 27560		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
100,000 SHS COMM \$1.00			300	Regular	\$300

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



* 8 7 1 5 3 *

File Date: **1-15-99**

Check No.: **1069**

By: **Michael J. Malone** **TC**

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: **Michael J. Malone** Date: **1/12/99**

Print or Type Name of Officer: **Michael J. Malone**

Title of Officer: **President**



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
401-277-3040



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. 87153		2. Name of Corporation MJM Investigations, Inc.			
3. Street Address Principal Business Office 8000 Aerial Center, Suite 300,		City Monroville,	State NC	Zip 27560	
4. Business Phone No. (919) 462-0861		5. State of Incorporation NORTH CAROLINA		6. SIC Code 5744	
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Investigations					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Michael J. Malone		Vice President Name Brent Laggart			
Street Address 8000 Aerial Center, Ste. 300,		Street Address 8000 Aerial Center, Ste. 300,			
City Monroville	State NC	Zip 27560	City Monroville	State NC	Zip 27560
Secretary Name Christopher Malone		Treasurer Name Christopher Malone			
Street Address 8000 Aerial Center, Ste. 300,		Street Address 8000 Aerial Center, Ste. 300,			
City Monroville	State NC	Zip 27560	City Monroville	State NC	Zip 27560
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Michael J. Malone		Director Name Brent Laggart			
Street Address 8000 Aerial Center, Ste. 300,		Street Address 8000 Aerial Center, Ste. 300,			
City Monroville	State NC	Zip 27560	City Monroville	State NC	Zip 27560
Director Name Christopher Malone		Director Name			
Street Address 8000 Aerial Center, Ste. 300,		Street Address			
City Monroville	State NC	Zip 27560	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 SHS COMM \$1.00			300	Regular	\$300

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



* 8 7 1 5 3 *

File Date: **3-23-98**
Check No.: **6041**
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.

Michael J. Malone **3-16-98**
Signature of Officer Date
Michael J. Malone
Print or Type Name of Officer
President
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
401-277-3040



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. 87153		2. Name of Corporation MJM Investigations, Inc.			
3. Street Address Principal Business Office 8000 Aerial Center, Suite 300		City Morrisville	State NC		
4. Business Phone No. (919) 462-0861		5. State of Incorporation NORTH CAROLINA	6. SIC Code 5744		
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Investigations					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Michael J. Malone		Vice President Name Brent Faggart			
Street Address 8000 Aerial Center, Suite 300		Street Address 8000 Aerial Center, Suite 300			
City Morrisville	State NC	City Morrisville	State NC		
Zip 27560		Zip 27560			
Secretary Name Christopher Malone		Treasurer Name Christopher Malone			
Street Address 8000 Aerial Center, Suite 300		Street Address 8000 Aerial Center, Suite 300			
City Morrisville	State NC	City Morrisville	State NC		
Zip 27560		Zip 27560			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Michael J. Malone		Director Name Brent Faggart			
Street Address 8000 Aerial Center, Suite 300		Street Address 8000 Aerial Center, Suite 300			
City Morrisville	State NC	City Morrisville	State NC		
Zip 27560		Zip 27560			
Director Name Christopher Malone		Director Name Christopher Malone			
Street Address 8000 Aerial Center, Suite 300		Street Address 8000 Aerial Center, Suite 300			
City Morrisville	State NC	City Morrisville	State NC		
Zip 27560		Zip 27560			
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 SHS COMM \$1.00			300	Regular	\$300

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



* 8 7 1 5 3 *

File Date: **2/18/97**

Check No.: **20828**

By: **ECB**

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

Date

Print or Type Name of Officer

Title of Officer

Brent Faggart

Vice President

2-12-97

PROFIT CORPORATION ANNUAL REPORT

1996



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <u>87153</u>		2. NAME OF CORPORATION <u>MSM Investigations, Inc.</u>	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <u>8000 Aerial Center, Suite 300</u>		CITY <u>Morrisville,</u>	STATE <u>NC</u>
4. BUSINESS PHONE NO. <u>(919) 482-0861</u>		5. STATE OF INCORPORATION <u>North Carolina</u>	6. SIC CODE <u>5744</u>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <u>Insurance Investigations</u>			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME <u>Michael J. Malone</u>		VICE PRESIDENT NAME <u>Brent Faggart</u>	
STREET ADDRESS <u>8000 Aerial Center, Suite 300,</u>		STREET ADDRESS <u>8000 Aerial Center, Suite 300,</u>	
CITY <u>Morrisville,</u>	STATE <u>NC</u>	CITY <u>Morrisville,</u>	STATE <u>NC</u>
ZIP CODE <u>27560</u>		ZIP CODE <u>27560</u>	
SECRETARY NAME <u>Christopher Malone</u>		TREASURER NAME <u>Christopher Malone</u>	
STREET ADDRESS <u>8000 Aerial Center, Suite 300</u>		STREET ADDRESS <u>8000 Aerial Center, Suite 300</u>	
CITY <u>Morrisville,</u>	STATE <u>NC</u>	CITY <u>Morrisville,</u>	STATE <u>NC</u>
ZIP CODE <u>27560</u>		ZIP CODE <u>27560</u>	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME <u>Michael J. Malone</u>		DIRECTOR NAME <u>Brent Faggart</u>	
STREET ADDRESS <u>8000 Aerial Center, Suite 300,</u>		STREET ADDRESS <u>8000 Aerial Center, Suite 300,</u>	
CITY <u>Morrisville,</u>	STATE <u>NC</u>	CITY <u>Morrisville,</u>	STATE <u>NC</u>
ZIP CODE <u>27560</u>		ZIP CODE <u>27560</u>	
DIRECTOR NAME <u>Christopher Malone</u>		DIRECTOR NAME <u>Christopher Malone</u>	
STREET ADDRESS <u>8000 Aerial Center, Suite 300</u>		STREET ADDRESS <u>8000 Aerial Center, Suite 300</u>	
CITY <u>Morrisville,</u>	STATE <u>NC</u>	CITY <u>Morrisville,</u>	STATE <u>NC</u>
ZIP CODE <u>27560</u>		ZIP CODE <u>27560</u>	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100,000	Regular	\$100,000	300	Regular	\$300

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: 2/20/96

Check No: 16645

By: @ / UP
For Secretary of State Use Only

Brent Faggart U.P. Finance
Signature of Officer

Brent Faggart
Print or Type Name of Officer

Vice President
Title of Officer

2-13-96
Date