



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Mathew 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 IN BLACK)

1. Corporate ID No. 87858		2. Name of Corporation GAUSMAN & MOORE ASSOCIATES, INC.			
3. Street Address Principal Business Office 1700 W HWY 36 - 700 ROSEDALE TOWERS			City ROSEVILLE	State MN	Zip 55113
4. Business Phone No. 651-639-9606		5. State of Incorporation MINNESOTA		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island MECHANICAL AND ELECTRICAL CONSULTING ENGINEERING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES W. GIEFER			Vice President Name ROBERT B. FULL		
Street Address 3752 VILLAGE COURT			Street Address 17087 JAVELIN COURT		
City WOODBURY	State MN	Zip 55125	City LAKEVILLE	State MN	Zip 55044
Secretary Name D. LANE HERSEY			Treasurer Name JAMES A. KELLER		
Street Address 11369 CLARION WAY			Street Address 8180 SAINT CROIX TRAIL		
City MINNETONKA	State MN	Zip 55343	City HASTINGS	State MN	Zip 55033
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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
1,000,000		\$10.00	7,125		\$10

FEB 16 PM 1:55

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



8 7 8 5 8

FILED

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAR 13 2006
BY AMF
93474

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.

D. Lane Hersey 2-9-06
Signature of Officer Date
D. LANE HERSEY
Print or Type Name of Officer
SECRETARY
Title of Officer



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 IN BLACK)

1. Corporate ID No. 87858		2. Name of Corporation GAUSMAN & MOORE ASSOCIATES, INC.			
3. Street Address Principal Business Office 1700 W HWY 36 - 700 ROSEDALE TOWERS			City ROSEVILLE	State MN	Zip 55113
4. Business Phone No. 651-639-9606		5. State of Incorporation MINNESOTA			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island MECHANICAL AND ELECTRICAL CONSULTING ENGINEERING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES W. GIEFER		Vice President Name ROBERT B. FULL			
Street Address 3752 VILLAGE COURT			Street Address 17087 JAVELIN COURT		
City WOODBURY	State MN	Zip 55125	City LAKEVILLE	State MN	Zip 55044
Secretary Name D. LANE HERSEY		Treasurer Name JAMES A. KELLER			
Street Address 10339 ZINRAN CIRCLE			Street Address 8180 SAINT CROIX TRAIL		
City BLOOMINGTON	State MN	Zip 55438	City HASTINGS	State MN	Zip 55033
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			ISSUED SHARES		
Number of Shares		Class/Series	Par Value		
1,000,000			\$10.00		
			6,875		\$10

05 FEB 15 PM 1:55

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



8 7 8 5 8

FILED

MAR 13 2006

BY AMF
93474

File Date _____
Check No. _____
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.

D. Lane Hersey 2.9.06
Signature of Officer Date

D. LANE HERSEY
Print or Type Name of Officer

SECRETARY
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. 87858		2. Name of Corporation GAUSMAN & MOORE ASSOCIATES, INC.			
3. Street Address Principal Business Office 1700 W HWY 36 - 700 ROSEDALE TOWERS			City ROSEVILLE	State MN	Zip 55113
4. Business Phone No. 651-639-9606		5. State of Incorporation MINNESOTA		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island MECHANICAL AND ELECTRICAL CONSULTING ENGINEERING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES W. GIEFER			Vice President Name ROBERT B. FULL		
Street Address 3752 VILLAGE COURT			Street Address 17087 JAVELIN COURT		
City WOODBURY	State MN	Zip 55125	City LAKEVILLE	State MN	Zip 55044
Secretary Name D. LANE HERSEY			Treasurer Name JAMES A. KELLER		
Street Address 10339 ZINRAN CIRCLE			Street Address 8180 SAINT CROIX TRAIL		
City BLOOMINGTON	State MN	Zip 55438	City HASTINGS	State MN	Zip 55033
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000		\$10.00	6,600		\$10
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

FEB 16 PM 1:55

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



FILED

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

MAR 13 2006
BY AMF
93474

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.

D. Lane Hersey 2.9.06
Signature of Officer Date
D. LANE HERSEY
Print or Type Name of Officer

SECRETARY
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. 87858		2. Name of Corporation GAUSMAN & MOORE ASSOCIATES, INC.			
3. Street Address Principal Business Office 1700 W HWY 36 - 700 ROSEDALE TOWERS			City ROSEVILLE	State MN	Zip 55113
4. Business Phone No. 651-639-9606		5. State of Incorporation MINNESOTA		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island MECHANICAL AND ELECTRICAL CONSULTING ENGINEERING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES W. GIEFER			Vice President Name ROBERT B. FULL		
Street Address 3752 VILLAGE COURT			Street Address 17087 JAVELIN COURT		
City WOODBURY	State MN	Zip 55125	City LAKEVILLE	State MN	Zip 55044
Secretary Name D. LANE HERSEY			Treasurer Name JAMES A. KELLER		
Street Address 10339 ZINRAN CIRCLE			Street Address 8180 SAINT CROIX TRAIL		
City BLOOMINGTON	State MN	Zip 55438	City HASTINGS	State MN	Zip 55033
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
1,000,000			\$10.00		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
6,450			\$10		

05 FEB 2006 6:11:55

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



8 7 8 5 8

FILED

MAR 13 2006

By AME

93474

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.

D. Lane Hersey 2.9.06
Signature of Officer Date

D. LANE HERSEY
Print or Type Name of Officer

SECRETARY

Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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. 87858		2. Name of Corporation GAUSMAN & MOORE ASSOCIATES, INC.			
3. Street Address Principal Business Office 1700 W HWY 36 - 700 ROSEDALE TOWERS			City ROSEVILLE	State MN	Zip 55113
4. Business Phone No. 651-639-9606		5. State of Incorporation MINNESOTA		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island MECHANICAL AND ELECTRICAL CONSULTING ENGINEERING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES W. GIEFER			Vice President Name ROBERT B. FULL		
Street Address 3752 VILLAGE COURT			Street Address 17087 JAVELIN COURT		
City WOODBURY	State MN	Zip 55125	City LAKEVILLE	State MN	Zip 55044
Secretary Name D. LANE HERSEY			Treasurer Name JAMES A. KELLER		
Street Address 10339 ZINRAN CIRCLE			Street Address 8180 SAINT CROIX TRAIL		
City BLOOMINGTON	State MN	Zip 55438	City HASTINGS	State MN	Zip 55033
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			ISSUED SHARES		
Number of Shares		Class/Series	Par Value	Number of Shares	Class/Series
Par Value		Number of Shares	Class/Series	Par Value	Number of Shares
1,000,000		\$10.00	6,450	\$10	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



FILED

MAR 13 2006

By: AMF
93474

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.

D. Lane Hersey 2.9.06

Signature of Officer
D. LANE HERSEY
Date

Print or Type Name of Officer

SECRETARY

Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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. 87858 2. Name of Corporation GAUSMAN & MOORE ASSOCIATES, INC.
3. Street Address Principal Business Office 1700 W, HIGHWAY 36, 700 ROSEDALE TOWERS City ROSEVILLE State MN Zip 55113
4. Business Phone No. 651-639-9606 5. State of Incorporation MINNESOTA 6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island
MECHANICAL AND ELECTRICAL CONSULTING ENGINEERING

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

President Name <u>JAMES W. GIEFER</u> Street Address <u>3752 VILLAGE COURT</u> City <u>WOODBUEY</u> State <u>MN</u> Zip <u>55125</u>	Vice President Name /Treasurer <u>JAMES A. KELLER</u> Street Address <u>8180 SAINT CROIX TRAIL</u> City <u>HASTINGS</u> State <u>MN</u> Zip <u>55033</u>
Secretary Name <u>D. LANE HERSEY</u> Street Address <u>10339 ZINRAN CIRCLE</u> City <u>BLOOMINGTON</u> State <u>MN</u> Zip <u>55438</u>	Director Name <u>ROBERT B. FULL</u> Street Address <u>17087 JAVELIN COURT</u> City <u>LAKEVILLE</u> State <u>MN</u> Zip <u>55044</u>

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000,000	<u>COMMON</u>	\$10.00
<u>5,000</u>		<u>\$10.00</u>

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

ISSUED SHARES	Class/Series	Par Value
5,600	COMMON	\$10.00
<u>0</u>		<u>0</u>

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

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.

D. Lane Hersey 9.26.00
Signature of Officer Date
D. LANE HERSEY
Print or Type Name of Officer
SECRETARY
Title of Officer

File Date: 10-24-00 00. 11 9th 1 91 130
Check No.: 59606
By: DA
FOR SECRETARY OF STATE USE ONLY

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. **87858** 2. Name of Corporation **GAUSMAN & MOORE ASSOCIATES, INC.**

3. Street Address Principal Business Office **1700 W. HWY 36 - 700 Rosedale Towers** City **St. Paul** State **MN** Zip **55113**
4. Business Phone No. **612-639-9606** 5. State of Incorporation **MINNESOTA** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
Mechanical and electrical consulting engineering

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

President Name James W. Giefer Street Address 1700 W. HWY 36 3762 VILLAGE COURT City St. Paul State MN Zip 55113 55125	Vice President Name James A. Keller Street Address 1700 W. HWY 36 8180 SAINT CROIX TRAIL City St. Paul State MN Zip 55113 55033
Secretary Name D. Lane Hersey Street Address 1700 W. HWY 36 10339 LINCOLN CIRCLE City St. Paul State MN Zip 55113 55138	Treasurer Name James W. Keller Street Address 1700 W. HWY 36 8180 SAINT CROIX TRAIL City St. Paul State MN Zip 55113 55033

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

Director Name ROBERT B. FULL Street Address 17087 JAVELIN COURT City LAKEVILLE State MN Zip 55044	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
5,000 SHS \$10.00 PAR VAL		
1000000	COMMON	\$10.00

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

ISSUED SHARES	Class/Series	Par Value
4505		
4610	COMMON	\$10.00

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



File Date: 5-21-99
Check No.: 3965
By: AMF

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: 5-9-99
Print or Type Name of Officer: JAMES A. KELLER
Title of Officer: V.P./TREAS

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. **87858** 2. Name of Corporation **GAUSMAN & MOORE ASSOCIATES, INC.**
3. Street Address Principal Business Office **1700 W. HWY 36 - 700 Rosedale Towers** City **St. Paul** State **Minnesota** Zip **55113**
4. Business Phone No. **612-639-9606** 5. State of Incorporation **MINNESOTA** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
Mechanical and electrical consulting engineering.

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

President Name James W. Giefer			Vice President Name James A. Keller		
Street Address 1700 W. HWY 36			Street Address 1700 W. HWY 36		
City St. Paul	State Minnesota	Zip 55113	City St. Paul	State Minnesota	Zip 55113
Secretary Name D. Lane Hersey			Treasurer Name James A. Keller		
Street Address 1700 W. HWY 36			Street Address 1700 W. HWY 36		
City St. Paul	State Minnesota	Zip 55113	City St. Paul	State Minnesota	Zip 55113

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
5,000 SHS \$10.00 PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
4505		10 per value

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



FILED

File Date: **MAR 02 1998**

Check No.: **By Ce 04546**

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.

James W. Giefer 2/25/98
Signature of Officer Date

JAMES W. GIEFER
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. **87858** 2. Name of Corporation **GAUSMAN & MOORE ASSOCIATES, INC.**

3. Street Address Principal Business Office **1700 W. HWY 36 - 700 ROSEDALE TOWERS** City **ST. PAUL** State **MINNESOTA** Zip **55113**

4. Business Phone No. **612-639-9606** 5. State of Incorporation **MINNESOTA** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Mechanical and electrical consulting engineering.

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

President Name JAMES W. GIEFER Street Address 1700 W. HWY 36 City ST. PAUL State MINNESOTA Zip 55113 Secretary Name D. LANE HERSEY Street Address 1700 W. HWY 36 City ST. PAUL State MINNESOTA Zip 55113	Vice President Name JAMES A. KELLER Street Address 1700 W. HWY 36 City ST. PAUL State MINNESOTA Zip 55113 Treasurer Name JAMES A. KELLER Street Address 1700 W. HWY 36 City ST. PAUL State MINNESOTA Zip 55113
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES <input checked="" type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 SHS	\$10.00 PAR VAL		4505		

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



* 8 7 8 5 8 *

File Date: 2.28.97
Check No.: 41156
By: UP/PAU

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.

D. Lane Hersey 1.8.97
Signature of Officer Date
D. LANE HERSEY
Print or Type Name of Officer
SECRETARY
Title of Officer