



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 89162		2. Name of Corporation ROBERT A. CONTE, DMD, INC.			
3. Street Address Principal Business Office 3274 West Shore Road			City Warwick	State RI	Zip 02886
4. Business Phone No 739-1399		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF DENTISTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert A. Conte			Vice President Name Robert A. Conte		
Street Address 110 Cedar Hollow Road			Street Address same		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Robert A. Conte			Treasurer Name Robert A. Conte		
Street Address same			Street Address same		
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 Robert A. Conte			Director Name		
Street Address same			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
600 NO PAR VALUE			100	common	none

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



\*89162\*

File Date	1/28/05
Check No.	18534
By:	DA
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

1/3/05  
Date

Robert A. Conte

Print or Type Name of Officer

President

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  
401.222.3046

**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. 89162		2. Name of Corporation ROBERT A. CONTE, DMD, INC.			
3. Street Address Principal Business Office 3274 West Shore Road		City Warwick	State RI	Zip 02886	
4. Business Phone No. 739-1399		5. State of Incorporation RHODE ISLAND		6. SIC Code 9233	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF DENTISTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert A. Conte			Vice President Name Robert A. Conte		
Street Address <del>585 ANDREX AVENUE</del> 110 Cedar Hollow Road			Street Address same		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Robert A. Conte			Treasurer Name Robert A. Conte		
Street Address same			Street Address same		
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 Robert A. Conte			Director Name		
Street Address same			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
600 NO PAR VALUE			100	common	none

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



\* 8 9 1 6 2 \*

File Date 3/22/04  
Check No. 16982  
By: Se

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 Robert A. Conte Date 2/24/04

Robert A. Conte 01/05/04  
Print or Type Name of Officer  
President

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *89162*		2. Name of Corporation ROBERT A. CONTE, DMD, INC.			
3. Street Address Principal Business Office 3274 WEST SHORE ROAD		City WARWICK	State RI	Zip 02886	
4. Business Phone No. 4017391399		5. State of Incorporation RHODE ISLAND			6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF DENTISTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert A. Conte		Vice President Name Robert A. Conte			
Street Address 53 Andre Avenue		Street Address same			
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Robert A. Conte		Treasurer Name Robert A. Conte			
Street Address same		Street Address same			
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 Robert A. Conte		Director Name			
Street Address same		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
600 NO PAR VALUE			100	common	none

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



\* 8 9 1 6 2 \*

\*\*89162\* 2/13/03 2:41:08 PM\*

File Date 3-21-03

Check No. 15081

By: ac

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.

Robert A. Conte 8  
Signature of Officer Date  
Robert A. Conte 1/6/2003  
Print or Type Name of Officer  
President  
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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

89162

2. Name of Corporation

ROBERT A. CONTE, DMD, INC.

3. Street Address Principal Business Office

3274 West Shore Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

739-1399

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9233

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

Dental Practice

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Robert A. Conte

Street Address

53 Andre Avenue

City

Wakefield

State

RI

Zip

02879

Vice President Name

Robert A. Conte

Street Address

same

City

State

Zip

Secretary Name

Robert A. Conte

Street Address

same

City

State

Zip

Treasurer Name

Robert A. Conte

Street Address

same

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Robert A. Conte

Street Address

same

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 (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

none

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



\* 8 9 1 6 2 \*

File Date:

3/25/02

Check No.:

13421

By:

CAH

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

Robert A. Conte

Date

1/7/2002

Print or Type Name of Officer

President

Title of Officer

5

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.

89162

2 Name of Corporation

ROBERT A. CONTE, DMD, INC.

3 Street Address Principal Business Office

3274 West Shore Road

City

Warwick

State

RI

Zip

02886

4 Business Phone No.

401-739-1399

5 State of Incorporation

RHODE ISLAND

6 SIC Code

9233

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

Dental Practice

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

President Name

Robert A. Conte

Vice President Name

Robert A. Conte

Street Address

53 Andre Avenue

Street Address

53 Andre Avenue

City

Wakefield

State

RI

Zip

02879

City

Wakefield

State

RI

Zip

02879

Secretary Name

Robert A. Conte

Treasurer Name

Robert A. Conte

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

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

Director Name

Robert A. Conte

Director Name

Street Address

same as above

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

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

none

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



\* 8 9 1 6 2 \*

File Date: 1/29/01

Check No.: 11399

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] 1/5/01  
Signature of Officer Date

Robert A. Conte  
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 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89162** 2. Name of Corporation **ROBERT A. CONTE, DMD, INC.**

3. Street Address Principal Business Office

3274 West Shore Road

4. Business Phone No.

401 739-1399

5. State of Incorporation

**RHODE ISLAND**

City

Warwick

State

RI

Zip

02886

6. SIC Code

**9233**

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

dental practice

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

President Name

Robert A. Conte

Street Address

53 Andre Avenue

City

State

Zip

Wakefield

RI

02879

Secretary Name

Robert A. Conte

Street Address

same

City

State

Zip

Vice President Name

Robert A. Conte

Street Address

53 Andre Avenue

City

State

Zip

Wakefield

RI

02879

Treasurer Name

Robert A. Conte

Street Address

City

State

Zip

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

Director Name

Robert A. Conte

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 (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



\* 8 9 1 6 2 \*

File Date: 3/21/00

Check No.: 3552

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] 1/5/2000  
Signature of Officer Date

Robert A. Conte

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 FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 89162 2. Name of Corporation ROBERT A. CONTE, DMD, INC.  
3. Street Address Principal Business Office 3274 West Shore Road City Warwick State RI Zip 02886  
4. Business Phone No. 401 739-1399 5. State of Incorporation Rhode Island 6. SIC Code 9233

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

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

President Name			Vice President Name		
Robert A. Conte			Robert A. Conte		
Street Address			Street Address		
53 Andre Avenue			53 Andre Avenue		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
Secretary Name			Treasurer Name		
Robert A. Conte			Robert A. Conte		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Robert A. Conte					
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
600 shares	no par value	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par

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

File Date: 7-22-99  
Check No.: 9256  
By: AMF

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 Robert A. Conte Date 7-19-99

Robert A. Conte

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 FOR THE YEAR **1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **89162** 2. Name of Corporation **ROBERT A. CONTE, DMD, INC.**

3. Street Address Principal Business Office  
**3274 West Shore Road** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **401-739-1399** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8233**

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

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

President Name				Vice President Name			
Robert A. Conte				Robert A. Conte			
Street Address				Street Address			
53 Andre Avenue				53 Andre Avenue			
City	State	Zip		City	State	Zip	
Wakefield	RI	02879		Wakefield	RI	02879	
Secretary Name				Treasurer Name			
Robert A. Conte				Robert A. Conte			
Street Address				Street Address			
same				same			
City	State	Zip		City	State	Zip	

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

Director Name				Director Name			
Robert A. Conte							
Street Address				Street Address			
53 Andre Avenue							
City	State	Zip		City	State	Zip	
Wakefield	RI	02879					
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  
**600 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common no par value**

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



File Date: 4-8-98

Check No.: 6403

By: AMF

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 Robert A. Conte Date 1/5/98

Print or Type Name of Officer  
**Robert A. Conte**

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 1997**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>89162</b>		2. Name of Corporation <b>ROBERT A. CONTE, DMD, INC.</b>			
3. Street Address Principal Business Office <b>3274 West Shore Road</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
4. Business Phone No. <b>401-739-1399</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9233</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Dental Practice</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Robert A. Conte</b>		Vice President Name <b>Robert A. Conte</b>			
Street Address <b>53 Andre Avenue</b>		Street Address <b>53 Andre Avenue</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b> Zip <b>02879</b>	
Secretary Name <b>Robert A. Conte</b>		Treasurer Name <b>Robert A. Conte</b>			
Street Address <b>same as above</b>		Street Address <b>same as above</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b> Zip <b>02879</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Robert A. Conte</b>		Director Name <b>Robert A. Conte</b>			
Street Address <b>53 Andre Avenue</b>		Street Address <b>53 Andre Avenue</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b> Zip <b>02879</b>	
Director Name <b>Robert A. Conte</b>		Director Name <b>Robert A. Conte</b>			
Street Address <b>53 Andre Avenue</b>		Street Address <b>53 Andre Avenue</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b> Zip <b>02879</b>	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares <b>600 SHS NO PAR VALUE</b>	Class/Series <b>NO PAR VALUE</b>	Par Value <b>NO PAR VALUE</b>	Number of Shares <b>100</b>	Class/Series <b>common</b>	Par Value <b>no par value</b>

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



\* 8 9 1 6 2 \*

File Date: **2/1/97**  
Check No.: **1543**  
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: **1/2/97**

Print or Type Name of Officer: **Robert A. Conte**

Title of Officer: **President**