

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

1. Corporate 1D No. 98964 3. Street Address Principal Busine	2. Name of Corpora BON Investm				
	BON Investm	ent Services, Inc.			
3. Street Address Principal Busine		o			
	-		City	State	Zip
500 WEST MAIN ROAL)		MIDDLETOWN	RI	: i 02842
4. Business Phone No.		5. State of Incorporation	n		6. SIC Code
4018463400		RHODE ISLAND			o
7. Brief Description of the Charac	cter of Business Condi	icted in Rhode Island			1 -
TO MAINTAIN AND MANA	GE INTANGIBLE	INVESTMENTS AND	COLLECTING AND DISTR	IBUTING INCOME PE	ROM SUCH
8. NAMES AND ADDRESS	ES OF THE OFFI	a-whoi.i.v.nwnrh.gii CERS <i>"("X" BOX FOR AT</i>	BSTOTARV±OP⊕RANK±OP± TACHMENTO □ FILL: IN SP.	NEWPORT	THE PROPERTY OF STREET
rresiaeni Name		Tall 12 Tombash as Tallal Tall 1 ag 1 fgs 1	Vice President Name	NO. SOUTH ONLY CONTOX	HACHMANIOI
Thomas W. Kelly	_		·Lisa Geigen		
Sireet Address			Street Address	· ·	
500 West Main Road			· 500 West Main R	oad	•
City	State	Zip	City	State	ZpC5 CS
Middletown	RI	102842	· Middletown	RI	028842 77
Secretary Name	• • • • • • • •	• • • • • • • • • • • • •	Treasurer Name	• • • '• • • • • • • • • •	
Sandra J. Pattie			Andrew C. Hewit	t	N 25-
Street Address			* Sireet Address		<u> </u>
500 West Main Road			-500 West Main R	oad	
City	State	Zip	*Ciny	State	
Middletown	RI	02842	Middletown	RI	02742 555
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS C'X" BOX FOR			ATTACHEDNIS
Director Name			Director Name	والمساد ماكما المداود الموهبية والاستعادات	[T]
David P. Leys			M. Therese Anto	ne	
Street Address			Sireei Address		
500 West Main Road			500 West Main R	oad	~ S
City	State	Zip	•City	State	
Middletown	RI	02842	Middletown	RI	630,237
Director Name	• • • • • • • • •		Director Name	h	٠٠٠ المكان و والمال المالية
Mary Jo Carr			Paul J. Hogan		N 570 m
Sireei Address	· · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	·Sireei Address		
500 West Main Road			500 West Main R	oad	2 59 F
Ciry	State	Zip	City	State	120 000
Middletown	RI	02842	Middletown	RI	02842
10. SHARES AUTHORIZE	D C'X" BOX FOR'A	TTACHMENT)		BOX FOR ATTACHMEN	
AUTHORIZED SHARES		<u></u>	ISSUED SHARES	, or Court Menniel	CHARLES IN THE SECOND
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed	in ink by either	the President, Vice P	: resident, Secretary, Assis	tant Secretary, Treasi	urer, Receiver or T

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File Date	
OCT 2 5 2005	
Check No.	
By 1480856	

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

Sandra J. Pattie

Secretary Title of Officer

Form 630 12/01

BON Investment Services, Inc. Corporate ID # 98964

Officers:

Gail Piermont, Vice President 500 West Main Road Middletown, RI 02842

Janet Gill, Vice President 500 West Main Road Middletown, RI 02842

Directors:

John H. Ellis 500 West Main Road Middletown, RI 02842

Andrew C. Hewitt 500 West Main Road Middletown, RI 02842

Thomas W. Kelly 500 West Main Road Middletown, RI 02842 10:001 25 AH 10:01

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FILED OCT 2 5 2005 By



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

1. Corporate ID No.	2. Name of Co.	2. Name of Corporation					
98964		BON Investment Services, Inc.					
3. Street Address Principal	Business Office	· 	City	State	Zip		
500 WEST MAIN	ROAD		MIDDLETOWN	RI	02842		
4. Business Phone No		5. State of Incorpo	pration		6. SIC Code		
4018463400		RHODE ISL	AND		0		
1. Brief Description of the	Character of Business (Conducted in Rhode Island		······································			
TO MAINTAIN AND	MANAGE INTANGI	BLE INVESTMENTS A	ND COLLECTING AND DIST	RIBUTING INCOME	PROM SUCH		
INVESTMENTS-ON-I	TS_OWN_BEHALF.	AS A WHOLLY OWNED	_SUBSIDIARY_OF_BANK_OF	NEWPORT.			
T NAMES AND ADD	RESSES OF THE O	FFICERS ("X" BOX FO	_SUBSIDIARY_OF BANK_OF	PACES BEFORE USING	CATTACHMENTS		
resident Name			Vice President Name	Vice President Name			
Thomas W. Kell	У		Sandra J. Pattie				
Greet Address			'Street Address				
	Road		<i>Street Address</i> . 500 West Main	Road			
500 West Main 1	Road State	Zip	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Road State	Zip		
500 West Main 1 Cuy Middletown		Zip 02842	.500 West Main		Zip 02842		
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500 West Main 1 Cuy Middletown ecreiary Name	State RI		.500 West Main Ciry Middletown	State RI	1 '		
500 West Main 1 City Middletown Pecretary Name Dennis H. McNar	State RI		. 500 West Main City Middletown Treasurer Name	State RI	02842		
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Street Address 500 West Main 1 City Middletown Secretary Name Dennis H. McNar Street Address 500 West Main 1 City Middletown	State RI mara		. 500 West Main City Middletown Treasurer Name Andrew C. Hewi	State RI tt	02842 Services		

Middletown	RI	02842	.Middletown	RI	02892
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX F	ORATTACHMENT) I FILL IN	SPACES BEFORE USING	ATTACHMENTS "COC
			Director Name		
J. Timothy O'Reilly			Peter Capodilu	po	
Street Address			· Street Address		- ک
500 West Main R	Road		500 West Main F	Road	
City	State	Zıp	•City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Director Name			Director Name		/ : - :
Paul J. Hogan			Antonio C. Mark	<s< td=""><td></td></s<>	
Street Address			·Sireei Address		
500 West Main F	Road		500 West Main F	Road	
City	State	Zip	.Ciry	State	Zip
Middletown	RI	02842	Middletown	RI	02842
10. SHARES AUTHO	RIZED ("X" BOX FOR	ATTACHMENT)	JL SHARES ISSUED CO	" BOX FOR ATTACHMEN	νη 🛮 💮 💮
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Ciass/Series	Par Value
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This report must be s	igned in ink by eith	er the President Vid	ce President Secretory Assi	stant Secretary Trees	urar Pagainar or Tructae

Title of Officer

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*98964 DBC	05/04/4 09 3 27 AM	7
File Date	JUN 0 1 2004	
Check No	By M 33023	620
FOR SECRETAR	RY OF STATE USE ONLY	

Under penalty of perjury, I decle			
this report, including any accom	panying s	chedules and state	ements,
and that all statements contained	d harein ar	e true and correct	
Momen W. K	1 .1	5/25/0	4
Signature of Officer		Date	
Thomas W. Kelly	0		
Print or Type Name of Officer			
President			

Form 630 12/01

BON Investment Services, Inc. Corporate ID No. 98964

Neil P. Galvin 500 West Main Road Middletown, RI 02842

Andrew C. Hewitt 500 West Main Road Middletown, RI 02842



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

(FORM MUST BE TYPED	IN BLACE)				
I. Carporate ID No. *98964*	2 Name of Corpo			***************************************	
<u> </u>	BON Invest	ment Services, Inc.		***************************************	•
3. Street Address Principal L 500 WEST MAIN R			City	State	Zφ
4. Business Phone No.	COAD		MIDDLETOWN	RI	02842
4.018463400		5. State of Incorpor			6. SIC Code
	haracter of Business Co.			·····	0
TO MAINTAIN AND N	CANAGE INTANGIBI	E INVESTMENTS AL	ND COLLECTINGAND DISTRI	BUTING INCOME FRO	ON SUCH INVESTMENTS
ON ITS OWNBRHALF NAMES AND ADDE President Name	LESSES OF THE OF	FICERS ("X" BOX FO	tatuchnent) 🗆 vill en se	Cen bedore duorga	TEACHBAILATE
Thomas Kelly	•		Vice President Nume). <u>u</u> . *.	
Street Address	A Million Control of the Control of	conservation of the second conservation and	Sandra J. P. Street Address	яπ. 	***************************************
500 West Main R	oad		500 West Main R	oad	
City	State	Ζψ	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Secretary Name	* * * * * * * * * * *	* * * * * * * * * * * * *	Treusurer Name	******	
Dennis H. McNama	ara		Andrew C. Hewit	t	
Street Address			Street Address	***************************************	*** ***********************************
500 West Main Ro	oad		500 West Main R	oad	
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
9. NAMES AND ADDR Director Name	esses of the di	ECTORS ("X" BOX F	OR ATTACEMENT) Z FILL IN 8	Paces before lising	ATTACEMENT9
J. Timothy O'Re:	illy	•	Peter Capodilup	0	
Street Address		***************************************	Street Address		***************************************
500 West Main Ro	oad		'500 West Main R	oad	
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Director Name			Director Name	******	
Paul J. Hogan			Antonio C. Mark	8	
Street Address			Street Address		
500 West Main Ro	oad		500 West Main R	oad	
City	State	Zip	City	Stute	Zip
Middletown	RI	02842	Middletown	RI	02842
10. SHARES AUTHOR	ized (*x* box por	ATTACHMENT)	11. SHARES INSUED (*X	BOX FOR STREETHE	73 1⊓
AUTHORIZED SHARES	en e	en kolonia kaj menten en e	ISSUED SHARES		THE THE SECURITION OF THE SECOND SECTION SECTI
Number of Shares	Class/Series	Par Value	Number of Shures	Class/Series	Par Value
10,000 \$1.00 PAR V	ALUE		10,000	Common	\$1 Par Value
	***************************************	***************************************			
			<u>.</u>		
this report must be si j	gned in ink by eith	er the President, Vic	e President, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Truste
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		,			
* 9	8 9 6 4 +		Under penalty of per	jury, I declare and affirm	that I have examined

98964	DBC5/28/0310:13:43 AM	
File Date	<u>C-4-03</u>	
Check No.	73124390	5
Ru-	<u> </u>	

FOR SECRETARY OF STATE USE ONLY

President

BON Investment Services, Inc.

Corporate ID 98964

Names and Addresses of Directors con't.

Neil P. Galvin 500 West Main Road Middletown, RI 02842 Andrew C. Hewitt 500 West Main Road Middletown, RI 02842



Edward S. Inman, 111, 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 •

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(FORM MUST BE TYPED IN E	BLACK)		•		ASSRCCIONS
1. Corporate ID No.	2. Name of Corpo	•	······································	<u> </u>	
98964	BON Inves	tment Services, Inc.			
3. Street Address Principal Busin 500 West Main Roa			Middletown	State	02842
4. Rusiness Phone No. (401) 846-3400	;	5. State of Incorporation RHODE ISLAN	ם.		6. SIC Code
7. Bilef Description of the Chara To maintain and m	cter of Business Conducter anage intangible	in Rhode island investments and coll	ecting and distributing	income from such	investments on its own
_bchalf.as.a.wholly-o	wned.subsidiara	of Bank of Newport			
President Name		TOLKS CA BOX FOR ALL	Vice President Name	BEFORE USING ATTA	CHMENTS
John H. Ellis	•		Sandra J. Pattie	2	
Street Address			Street Address		
500 West Main Roa		••	500 West Main R	load	
Middletown	RI RI	02842	Middletown	Sta K I	702842
Secretary Name Dennis H. McNam	1ara		Treasurer Name Andrew C. Hew	ritt	· · · · · · · · · · · · · · · · · · ·
Street Address 500 West Main Roa	d		Street Address 500 West Main R	Road	
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
9. NAMES AND ADDRI	ESSES OF THE DIF	ECTORS ("X" BOX FOR AT	TACHMENT) X FILL IN SPACE	ES BEFORE USING AT	TACHMENTS
Andrew C. Hewitt			J. Timothy O'R	eilly ·	
Street Address 500 West Main Roa	d , , , ,		Street Address 500 West Main R	Road	
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Director Name	******************	· · · · · · · · · · · · · · · · · · ·	Director Name		
Peter Capodilupo			Paul J. Hogan		
Street Address			Street Address	·	····
500 West Main Roa	d		500 West Main R	load	
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT	FACHMENT)	11. SHARES ISSUED (X" BOX FOR ATTACHMEN	7)
AUTHORIZED SHARES			ISSUED SHARES	·	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 \$1.00 PAR VALU	/E	· ·	10,000		\$1.00 Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

,	* 9 0 9 0 4 *
File Date:	3-602
Check No.:	82136
Ву::	2
FOR SECRETA	RY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements, and
hat all statements contained herein are true and correct.
011

Some Holles 2.

John H. Ellis

Print or Type Name of Officer
President

Title of Officer

- ----

NAMES AND ADDRESSES OF THE DIRECTORS, cont.

Antonio C. Marks 500 West Main Road Middletown, RI 02842

Neil P. Galvin 500 West Main Road Middletown, RI 02842



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 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98964 BON Investment Services, Inc. 3. Street Address Principal Business Office State T Žip 500 West Main Road Middletown RI 4. Business Phone No. 5. State of Incorporation (401) 846-3400 Rhode Island 8888 7. Brief Description of the Character of Business Conducted in Rhode Island Establish a passive investment company. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name : Vice President Name John H. Ellis Sandra J. Pattie Street Address 500 West Main Road 500 West Main Road Žip City State State · Zip Middletown RI 02842 Middletown RI 02842 Secretary Name Treasurer Name Dennis H. McNamara Andrew C. Hewitt : Street Address Street Address 500 West Main Road 500 West Main Road State Zip State ZIp City Middletown RI 02842 Middletown RJ 02842 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None Street Address Street Address City State ! Zip Director Name Director Name Street Address Street Address City State Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*x* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUEED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 10,000 \$1.00 Par Value 10,000 \$1.00

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

	d/9	Under penalty of perjury, I declare and a this report, including any accompanying that all statements contained herein are	schedules and statements, and
File Date:	76748	Signature of Officer	20 1/31/01 Date
Check No.:	de	John H. Ellis Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY		President Title of Officer	



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 B	LACK)				
1. Corporate ID No.	2. Name of Corpore	ntion			•
98964	BON Inves	tment Services, I	nc.		
3. Street Address Principal Busine		·	City	State	Zip
500 West Mair	n Road		Middletown	RI	02842
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) 84603400 7. Brief Description of the Charac	ter of Business Conducted	RHODE ISLAND in Rhode Island			8888
Establish a Pa	assive Invest	ment Company.			
		ICERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTA	CHMENTS
John H. Ellis			Sandra J. P	attie	
Street Address			Street Address		
500 West Main I	Road		500 West Ma	in Road	
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Secretary Name	• • •	• • • • • • • • •	Treasurer Name		
Dennis H. McNar	mara		Sheila M. P	ollock	
Street Address			Street Address		
500 West Main I	Road		500 West Ma	in Road	
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC		S BEFORE USING AT	TACHMENTS
Director Name		•	Director Name		
None 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 AUTHORIZ	ED (*x* box for ati	ACHMENT)	11. SHARES ISSUED (*x	C BOX FOR ATTACHMEN	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 \$1.00 PA	R VALUE		10,000		\$1.00

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

Title of Officer

	* 9 8 9 6 4 *
File Dute:	3/1/00
Check No	71299
Ву:	Q.
FOR SECRETARY	OF STATE USE ONLY

that all statements contained perein are tru	ie and correct.
Shule M. Tollick	2/28/2000
Signature bij Officer	Date
Sheila M. Pollock	



James R. Langevin, Secretary of State Corporations División 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 B	LACK)			,		
1. Corporate 1D No. 98964	2. Name of Corpore	ation tment Services, In	c.			
3. Street Address Principal Busine			City	State	<u> </u>	
500 West Main	***		1 '	i	Zip G	
4. Business Phone No.	1.000	5. State of Incorpora	Middletown	RI	02842 6. SIC Code	
(401) 846-3400 RHODE ISL					8888	
7. Brief Description of the Character of Business Conducted in Rhode Island				· · · · · · · · · · · · · · · · · · ·	0000	
Establish a Pas	sive Investme	nt Company	·			
			TTACHMENT) 🗀 FTLL IN SPACES	BEFORE USING ATTA	CHMENTS PAGE 200	
President Name			Vice President Name			
PeterSS. Damor	า	•	Sandra J. Pattie			
Street Address	<u> </u>		Street Address			
500 West Main	Road		500 West Main	Road		
City	State	Zip	City	State	Zip	
Middletown	RI	02842	Middletown	RI	02842	
Secretary Name			Treasurer Name	•••••••••••••		
John H. Ellis	· - ·		Raymond Isacco)		
Street Address			Street Address			
500 West Main		- · 	500 West Main Road			
City	State	Zip	City	State	Zip	
Middletown	RI	02842	Middletown	RI	02842	
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) 🛄 FILL IN SPAC	ES BEFORE USING AT	TACHMENTS	
NONE			Director Name			
Street Address		·				
Jitti Muuriss			Street Address			
City	State	Zip		·····		
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Director Name			Director Name			
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Street Address			Street Address			
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City	State	Zip	City	State	2.ip	
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10. SHARES AUTHORIZ	ED ("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	(T) (
AUTHORIZED SHARKS			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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inis report must be sig	nca in ink by eit	ner the President, V	ice President, Secretary, Assi	istant Secretary, Trea	surer, Receiver or Trust	

•	* 9 8 9 6 4 *
	Freh GIGG
File Date:	
Check No.:	067-129
Ву:	<u> </u>
FOR SECRETAR	LY 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 Raymond P. Issaco

Print or Type Name of Officer SVP/TReasurer

Title of Officer