



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 02903-1535
401-222-3049

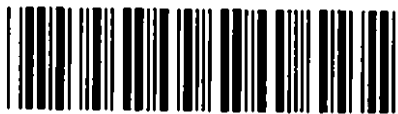
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109064		2. Name of Corporation ACS Auxiliaries Group, Inc.			
3. Street Address Principal Business Office 100 Roddy Avenue			City Attleboro	State MA	Zip 02703-7951
4. Business Phone No. 508-399-6400		5. State of Incorporation DELAWARE			6. SIC Code 1999
7. Brief Description of the Character of Business Conducted in Rhode Island TO HOLD REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas K. Breslin			Vice President Name Samuel A. Hamacher		
Street Address 801 AEC Drive			Street Address 7701 Forsyth Blvd., Suite 600		
City Wood Dale	State IL	Zip 60191	City St. Louis	State MO	Zip 63105
Secretary Name Nancy L. Biggins			Treasurer Name William L. Willhite		
Street Address 7701 Forsyth Blvd., Suite 600			Street Address 7701 Forsyth Blvd., Suite 600		
City St. Louis	State MO	Zip 63105	City St. Louis	State MO	Zip 63105
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bart A. Aitken			Director Name Samuel A. Hamacher		
Street Address 7701 Forsyth Blvd., Suite 600			Street Address 7701 Forsyth Blvd., Suite 600		
City St. Louis	State MO	Zip 63105	City St. Louis	State MO	Zip 63105
Director Name William L. Willhite			Director Name		
Street Address 7701 Forsyth Blvd., Suite 600			Street Address		
City St. Louis	State MO	Zip 63105	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 \$0.01 PAR VALUE			100		\$.01
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

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



109064

FILED

File Date **FEB 28 2005**

Check No. **8306**

By **LB**

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.

Nancy L. Biggins 2/21/05
Signature of Officer Date

Nancy L. Biggins
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. 109064 2. Name of Corporation ACS Auxiliaries Group, Inc.
3. Street Address Principal Business Office City State Zip
100 Roddy Avenue Attleboro MA 02703-7951
4. Business Phone No. 508-399-6400 5. State of Incorporation DELAWARE 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
to hold real estate and engage in any lawful activity for which a corporation may be formed

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

President Name			Vice President Name		
Thomas K. Breslin			Samuel A. Hamacher		
Street Address			Street Address		
801 AEC Drive			7701 Forsyth Blvd., Suite 600		
City	State	Zip	City	State	Zip
Wood Dale	IL	60191	St. Louis	MO	63105
Secretary Name			Treasurer Name		
Nancy L. Biggins			William L. Willhite		
Street Address			Street Address		
7701 Forsyth Blvd., Suite 600			7701 Forsyth Blvd., Suite 600		
City	State	Zip	City	State	Zip
St. Louis	MO	63105	St. Louis	MO	63105

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

Director Name			Director Name		
Bart A. Aitken			Samuel A. Hamacher		
Street Address			Street Address		
7701 Forsyth Blvd., Suite 600			7701 Forsyth Blvd., Suite 600		
City	State	Zip	City	State	Zip
St. Louis	MO	63105	St. Louis	MO	63105
Director Name			Director Name		
William L. Willhite					
Street Address			Street Address		
7701 Forsyth Blvd., Suite 600					
City	State	Zip	City	State	Zip
St. Louis	MO	63105			

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

Number of Shares	Class/Series	Par Value
1,000		\$0.01 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
100		\$0.01

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



1 0 9 0 6 4

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 Nancy L. Biggins Date 2/9/04
Print or Type Name of Officer
Nancy L. Biggins
Secretary
Title of Officer

File Date 2/20/04
Check No. 17826
By LS
FOR SECRETARY OF STATE USE ONLY



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.

109064

2. Name of Corporation

ACS Auxiliaries Group, Inc.

3. Street Address Principal Business Office

100 Roddy Avenue

City

Attleboro

State

MA

Zip

02703-7951

4. Business Phone No.

508-399-6400

5. State of Incorporation

DELAWARE

6. SIC Code

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

to hold real estate & engage in any lawful act or activity for which a corporation may be formed

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

President Name

Thomas K. Breslin

Vice President Name

Samuel A. Hamacher

Street Address

801 AEC Drive

Street Address

7701 Forsyth Blvd., Suite 600

City

State

Zip

City

State

Zip

Wood Dale

IL

60191

St. Louis

MO

63105

Secretary Name

Nancy L. Biggins

Treasurer Name

William L. Willhite

Street Address

7701 Forsyth Blvd., Suite 600

Street Address

7701 Forsyth Blvd., Suite 600

City

State

Zip

City

State

Zip

St. Louis

MO

63101

St. Louis

MO

63101

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

Director Name

Bart A. Aitken

Director Name

Samuel A. Hamacher

Street Address

7701 Forsyth Blvd., Suite 600

Street Address

7701 Forsyth Blvd., Suite 600

City

State

Zip

City

State

Zip

St. Louis

MO

63105

St. Louis

MO

63105

Director Name

William L. Willhite

Director Name

None

Street Address

7701 Forsyth Blvd., Suite 600,

Street Address

City

State

Zip

City

State

Zip

St. Louis

MO

63105

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$0.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

\$0.01

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



* 1 0 9 0 6 4 *

File Date 1-24-03

Check No.: 17086

By: UP

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.

Nancy L. Biggins 01-07-03
Signature of Officer Date

Nancy L. Biggins
Print or Type Name of Officer

Secretary
Title of Officer

Form 639 12/02



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

JAN 18 2002

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.		2. Name of Corporation		3. City		4. State		5. Zip									
109064		ACS Auxiliaries Group, Inc.		S. Attleboro		MA		02703-7951									
3. Street Address Principal Business Office				4. Business Phone No.		5. State of Incorporation											
100 Roddy Ave.				508 399 6400				DELAWARE									
6. SIC Code																	
1999																	
7. Brief Description of the Character of Business Conducted in Rhode Island																	
To hold real estate and to engage in any lawful act or activity for which a corporation may be formed.																	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS																	
President Name					Vice President Name												
Thomas K. Breslin					William L. Willhite												
Street Address					Street Address												
801 AEC Dr.					7701 Forsyth Blvd. #600												
City		State		Zip		City		State									
Wood Dale		IL		60191		St. Louis		MO									
Secretary Name					Treasurer Name												
Elizabeth V. Bowling					William L. Willhite												
Street Address					Street Address												
7701 Forsyth Blvd. #600					AS ABOVE												
City		State		Zip		City		State									
St. Louis		MO		63105		St. Louis		MO									
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS																	
Director Name					Director Name												
Bart A. Aitken					Samuel A. Hamacher												
Street Address					Street Address												
7701 Forsyth Blvd. #600					7701 Forsyth Blvd. #600												
City		State		Zip		City		State									
St. Louis		MO		63105		St. Louis		MO									
Director Name					Director Name												
William A. Schmalz					William L. Willhite												
Street Address					Street Address												
7701 Forsyth Blvd. #600					7701 Forsyth Blvd. #600												
City		State		Zip		City		State									
St. Louis		MO		63105		St. Louis		MO									
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)																	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)																	
ISSUED SHARES																	
Number of Shares			Class/Series			Par Value			Number of Shares			Class/Series			Par Value		
1,000 \$0.01 PAR VALUE									100			N/A			\$0.01		

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



* 1 0 9 0 6 4 *

File Date 2-26-02

Check No. 16281

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] 01/31/02
Signature of Officer Date

Elizabeth V. Bowling

Print or Type Name of Officer

Secretary

Title of Officer

25



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.		2. Name of Corporation									
109064		Cumberland Acquisition Corporation (d/b/a ACS Corporation)									
3. Street Address Principal Business Office		City	State	Zip							
100 Roddy Ave.		S. Attleboro	MA	02703-7951							
4. Business Phone No.		5. State of Incorporation		6. SIC Code							
508 399 6400		Delaware		1999							
7. Brief Description of the Character of Business Conducted in Rhode Island											
To hold real estate and engage in any lawful activity for which a corporation may be formed.											
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name		Vice President Name									
Thomas K. Breslin		Samuel A. Hamacher									
Street Address		Street Address									
801 AEC Dr.		7701 Forsyth Blvd., #600									
City	State	City	State	Zip							
Wood Dale	IL	St. Louis	MO	63105							
Secretary Name		Treasurer Name									
Elizabeth V. Bowling		William L. Willhite									
Street Address		Street Address									
7701 Forsyth Blvd., #600		7701 Forsyth Blvd., #600									
City	State	City	State	Zip							
St. Louis	MO	St. Louis	MO	63105							
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name		Director Name									
Bart A. Aitken		Samuel A. Hamacher									
Street Address		Street Address									
7701 Forsyth Blvd., #600		7701 Forsyth Blvd., #600									
City	State	City	State	Zip							
St. Louis	MO	St. Louis	MO	63105							
Director Name		Director Name									
William A. Schmalz		William L. Willhite									
Street Address		Street Address									
7701 Forsyth Blvd., #600		7701 Forsyth Blvd., #600									
City	State	City	State	Zip							
St. Louis	MO	St. Louis	MO	63105							
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)						
AUTHORIZED SHARES					ISSUED SHARES						
Number of Shares	1,000	Class/Series	N/A	Par Value	\$.01	Number of Shares	100	Class/Series	N/A	Par Value	\$.01

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

File Date 2/20

Check No. 15334

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] February 6, 2001
Signature of Officer Date

Elizabeth V. Bowling

Print or Type Name of Officer

Secretary

Title of Officer



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

JAN - 5 2000

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. **109064** 2. Name of Corporation **Cumberland Acquisition Corporation**
3. Street Address Principal Business Office **100 Roddy Ave.** City **S. Attleboro** State **MA** Zip **02703-7951**
4. Business Phone No. **508-399-6400** 5. State of Incorporation **DELAWARE** 6. SIC Code
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 Bruce L. Freeman Street Address 801 AEC Dr. City Wood Dale State IL Zip 60191	Vice President Name William L. Willhite Street Address 7701 Forsyth Blvd., #600 City St. Louis State MO Zip 63105
Secretary Name William A. Schmalz Street Address 7701 Forsyth Blvd., #600 City St. Louis State MO Zip 63105	Treasurer Name William L. Willhite Street Address as above City as above State Zip

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

Director Name Bart A. Aitken Street Address 7701 Forsyth Blvd., #600 City St. Louis State MO Zip 63105	Director Name Samuel A. Hamacher Street Address 7701 Forsyth Blvd., #600 City St. Louis State MO Zip 63105
Director Name William A. Schmalz Street Address 7701 Forsyth Blvd., #600 City St. Louis State MO Zip 63105	Director Name William L. Willhite Street Address 7701 Forsyth Blvd., #600 City St. Louis State MO Zip 63105

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	\$.01 PAR VALUE	common

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	\$.01

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



* 1 0 9 0 6 4 *

File Date: 2/13/00

Check No.: 12718

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.

Elizabeth V. Bowling 1/6/00
Signature of Officer Date

Elizabeth V. Bowling

Print or Type Name of Officer

Assistant Secretary

Title of Officer