

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

Matthew A. Brown, Secretary of State

Corporations Du ision 100 North Main Street Providence, RI 02903-1335 401-222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00

| (FORM MUST BE TYPED OR F | PRINTED IN BLACK) | rung ree. 350,00 | | | | |
|--|----------------------------------|---|-----------------------------------|------------------------------|-----------------------------------|--|
| 1. Corporate ID No. | 2 Name of Corpo | ration | | <u> </u> | ··· - | |
| 109064 | ACS Auxilia | aries Group, Inc. | | ~ | | |
| 3 Street Address Principal Busin 100 Roddy Avenue | ** | | Cup | State | $Z\psi$ | |
| 4 Business Phone No. | <u> </u> | 5 State of Incorporate | Attleboro | MA | 02703=7951 | |
| 508-399-6400 | | DELAWARE | | | 1999 | |
| 7 Brief Description of the Chara TO HOLD REAL ES | der of Business Conducti TATE | ed in Rhode Island | | | | |
| 8. NAMES AND ADDRESS | | ERS: ("X" ROY FOR A) | TACHMENT) (Then in | COACEC BEFORE HE | INIC ADDRAGATED | |
| President Name | | | Vice President Name | SPACES BEFORE USI | ING ATTACHMENTS | |
| Thomas K. Bresli | ln | | Samuel A. Har | macher | | |
| Street Address | - | <u>_</u> _ | Street Address | | · - · · · | |
| 801 AEC Drive | Tr | T.:. | | Blvd., Suite 6 | 000 | |
| Wood Dale | State | Zφ 60191 | Ct I mud a | State | Zip | |
| Secretary Name | | 112100131 | St. Louis | l MO | 63105 | |
| Nancy L. Biggins | 5 | | William L. W | illhite | | |
| Street Address | | | Street Address | | | |
| 7701 Forsyth Blv | | · · · · · · · · · · · · · · · · · · · | 7701 Forsyth | Blvd., Suite 6 | 000 | |
| on St. Louis | MO State | Zip | CH ⁿ | State | Zφ | |
| 9. NAMES AND ADDRESS | | 63105 TORS: ("X" BOX FOR) | St. Louis | MO | 63105 | |
| Director Name | | () = = = = = = = = = = = = = = = = = = | Director Name | IN SPACES BEFORE U | SING ATTACHMENTS | |
| Bart A. Aitken | · | | Samuel A. Hamacher | | | |
| Street Address | | _ | Street Address | | | |
| $\frac{7701 \text{ Forsyth Blv}}{e_{d_1}}$ | state 60 | | | Blvd., Suite 6 | | |
| St. Louis | MO | 63105 | Gity | State | Zip | |
| Director Name | J |) | St. Louis Director Name | МО | 63105 | |
| William L. Willh | ite | | | | | |
| Street Eddress | | | Street Address | | · | |
| $\frac{7701}{Car}$ Forsyth Blv | d., Suite 600 | | | | . <u>-</u> | |
| St. Louis | MO | <i>Ζφ</i> 63105 | City | State | Zip | |
| 10. SHARES AUTHORIZE | | 63105 ATTACHMENT) [| : 11. SHARES ISSUED | ("X" ROX FOR ATTAC | THMENTO □ | |
| AUTHORIZED SHARES | | , 0 | ISSUED SHARES | (> DOM TON MITAL | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| 1,000 \$.01 PAR VALUE | | | 100 | | A 0; | |
| 7,000 \$.01 PAR VALUE | - | | 100 | | \$.01 | |
| | | | | | | |
| This report must b | oc signed in ink hy | either the President Vice | President, Secretary, Assist | ant Countries Tour | | |
| • | - manea in min oy | eraier the tresident, vice | . President, Secretary, Assisti | ant Secretary, Treasure | r. Receiver or Trustee | |
| ! 11 | IADA KIRIA ORIAN INAIN ON | ria athii aidh ceac | | | | |
| | | | | | | |
| | | E 8 E[8 <u>4</u> | Under penalty of pe | griury. I declare and affirm | that I have examined this report | |
| | *109 | 064* | including any accor | inpanying schedules and s | tatements, and that all statement | |
| File Date _ FILE | D | | contained licrein are | yfue afril correct. | 1/. / | |
| | | _, | Janey. | Listation | -4/21/05 | |
| Check No FEB 2 5 | 8 Knn3 K 2 | <u>U</u> | Signature of Afficer | U | / ' Date | |
| | m - | _ | Nancy L. E | | | |
| ву: — В у | <u> </u> | - | Print or Type Name o Secretary | of Officer | | |
| FOR SECRETARY OF | STATE USE ONLY | | | | | |
| | | | Title of Officer | | | |



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

| iling Period: January 1 | JKAIIUN -March 1 ● F | ANNUAL KEP Tiling Fee: \$50.00 | ORT FOR THE | IEAR | |
|---|-------------------------|-----------------------------------|----------------------------|--|-----------------------|
| ORM MUST BE TYPED IN | | | | | |
| Corporate ID No. | 2. Name of Corpo | | | | |
| 109064 | | ries Group, Inc. | | _ | • |
| Street Address Principal Busi | iness Office | | City | State | Zip |
| 00 Roddy Avenue | | | Attleboro | MA | 02703-795 |
| Business Phone No. | | 5. State of Incorporation | lion | | 6. SIC Code |
| 08-399-6400 | | DELAWARE | | | |
| Brief Description of the Char o hold real estate | | | vity for which a cor | poration may be fo | ormed |
| NAMES AND ADDRES | SSES OF THE OF | FICERS ("X" BOX FOR | ATTACHMENT) FILL IN SE | PACES BEFORE USING A | PTACHMENTS |
| nomas K. Breslin | | | Samuel A. Hamad | cher | |
| cei Address | | | Street Address | | |
| 1 AEC Drive | | | 7701 Forsyth B | lvd., Suite 600 | |
| y | State | Zip | City | State | Zip |
| ood Dale | IL | 60191 | St. Louis | MO | 63105 |
| etary Name | | | Treasurer Name | | |
| ncy L. Biggins | | | William L. Will | lhite | |
| ect Address | | | Street Address | | |
| 01 Forsyth Blvd | ., Suite 600 |) | 7701 Forsyth Bl | lvd., Suite 600 | |
| V | State | Zip | City | State | Zip |
| . Louis | MO | 63105 | St. Louis | МО | 63105 |
| NAMES AND ADDRES | SSES OF THE DIF | RECTORS ("X" BOX FO | RATTACHMENT) FILL IN | SPACES BEFORE USING | ATTACHMENTS |
| rt A. Aitken | | | Samuel A. Hama | cher | |
| | | | | CHCI | |
| eet Address | | | Sireel Address | 1a Cina COO | |
| 01 Forsyth Blvd | _ | | _ | lvd., Suite 600 | |
| y - • • • • • • | State | Zip | City | State | Zip |
| . Louis | MO | 63105 | St. Louis | МО | 63105 |
| rector Name | . . | | Director Name | | |
| illiam L. Willhi | ce | | | | |
| eet Address | 0 | | Street Address | | |
| 701 Forsyth Blvd | _ | _ | Cin | C | 7 in |
| y Touris | State | Zip 63105 | City | State | Zip |
| t. Louis | MO | 63105 | | | _ |
|). SHARES AUTHORIZ | ED ("X" BOX FOR | ATTACHMENT) | | X" BOX FOR ATTACHMEN | ∀ カ □ |
| THORIZED SHARES | | | ISSUED SHARES | . خد بم | |
| mber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 000 \$.01 PAR VALU | E | | 100 | | \$.01 |
| is report must he <mark>sign</mark> | ed in ink by eith | er the President, Vice | President, Secretary, Assi | stant Secretary, Treas | urer, Receiver or Ti |
| | | | | | |
| 1 0 9 | 0 6 4 | | this report, includin | rjury, I declare and affirm g any accompanying sche | dules and statements, |
| File Date 2/20/0 | <u> </u> | | and that all stateme | nts contained herein are tr | ue and correct. |
| 115 DOIG 117 1727 | ' | | Signature of Office | (/· / XX | Date |
| heck No. 17826 | • | | · (| (| Duic * |
| | · | _ | Nancy L. B | <u> </u> | |
| 19 | | | Print or Type Name o | <u> </u> | |

Secretary Tule of Officer

Form 630 12/01

Edward S. Inman, III. Secretary of State Corporations Divusion 100 North Main Street, Providence. RI 02903-1335 401 222-3040

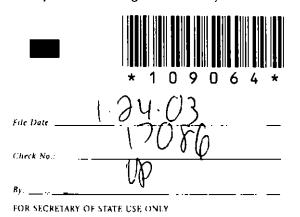
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

111 Main Street, Iroviaente, Ri 02903-1,353 401 222-3040

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| TORM MUST BE TYPED OR PRINTE | ED IN BLACK) | | | | |
|--|-----------------------------|--------------------------------|---|---------------------------------------|---------------------------|
| 1 Corporate ID No. | 2. Name of Corporation | | | | |
| 109064 | ACS Auxiliaries | Group, Inc. | | | |
| 3 Street Address Principal Business (| | • | City | State | Zip |
| 100 Roddy Avenue 4 Business Phone No | | 5. State of Incorporation | Attleboro | MA | 02703-7951 6. SIC Code |
| 508-399-6400 7 Brief Description of the Character | of Business Conducted in Ri | DELAWARE node Island | | | |
| to hold real est 8. NAMES AND ADDRESS President Name | | | ict or activity for HMENT) FILLIN SPACES BI Vice President Name | which a corpora EFORE USING ATTACH | |
| Thomas K. Bresli | n | | Samuel A. Hamach | er | |
| 801 AEC Drive | State | Zip | 7701 Forsyth Blv | d., Suite 600 | Zıp |
| Wood Dale Secretary Name | IL | 60191 | St. Louis Treasurer Name | МО | 63105 |
| Nancy L. Biggins Street Address | | | William L. Willh Street Address | iite | |
| 7701 Forsyth Blv | d., Suite 600 | Zıp | 7701 Forsyth Blv | d., Suite 600 | Zip |
| St. Louis 9. NAMES AND ADDRESS Director Name | MO SES OF THE DIRECT | 63101 FORS (*x* box for att | St. Louis FILL IN SPACES Duector Name | MO BEFORE USING ATTA | 63101 CHMENTS |
| Bart A. Aitken Street Address | | | Samuel A. Hamach | er | |
| 7701 Forsyth Blv cu_{y} | d., Suite 600 | Zip | 7701 Forsyth Blv | rd., Suite 600 | Zip |
| St. Louis Director Name | МО | 63105 | St. Louis Director Name | МО | 63105 |
| William L. Willh Street Address | ite | | None Meet Address | | |
| 7701 Forsyth Blv | d., Suite 600 | Zip | City | State | Zip |
| St. Louis 10. SHARES AUTHORIZEI AUTHORIZED SHARES | MO O (*x* box for attace | 63105 IMENT) | 11. SHARES ISSUED (*x | * BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 \$.01 PAR VALUE | | | 100 | | \$.01 |
| | | | | | |

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.

| Maney of | Dizes | 01-07-03 |
|----------------------|-------|----------|
| Signatine at Officer | 0 | ite |

| Nancy L. Biggins | | |
|-------------------------------|--|--|
| Print or Type Name of Officer | | |

| Secreta | ry |
|---------|----|
|---------|----|

Title of Officer



JAN 18 2002

Edward S. Inman, III, Secretary of State Corporations Divinion 100 North Main Street, Providence, RI 02903-1335

401 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D No.

2 Name of Corporation

109064

ACS Auxiliaries Group, Inc.

3. Street Address Principal Business Office

100 Roddy Ave.

S. Attleboro

State MA

02703-7951

4. Rusiness 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 to engage in any lawful act or activity for which a corporation may be formed.

City

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

President Name

Thomas K. Breslin

Street Address

801 AEC Dr.

Wood Dale

State

IL

60191

Secretary Name Elizabeth V. Bowling

7701 Forsyth Blvd. #600

Cin St. Louis State MO Zip 63105 Vice President Name

William L. Willhite

Street Address

7701 Forsyth Blvd. #600

City St. Louis State MO

63105

Treasurer Name

William L. Willhite

Samuel A. Hamacher

William L. Willhite

7701 Forsyth Blvd. #600

Street Address

Director Name

Street Address

Director Name

City

AS ABOVE

City

State

State

MO

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

St. Louis

State MO

63105

Director Name

William A. Schmalz

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

1,000 \$.01 PAR VALUE

Class/Series

Par Value

7701 Forsyth Blvd. #600

St. Louis

St. Louis

State MO

63105

63105

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

ESSUED SHARES

Number of Shares

Class/Series

Par Value

01/*3*//02

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



26-02

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 herein are true and correct that all statements contain

Elizabeth V. Bowling Print or Type Name of Officer

Secretary Title of Officer

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 BLA | ACK) | | | | |
|---|---|------------------------------------|--|-----------------------|---------------------------------------|
| 1 Corporate ID No. | 2. Name of Corporation | l Assuicttion Co | ornoration (d/b/a / | MCS Corporation | · · · · · · · · · · · · · · · · · · · |
| 109064 | | 1:Acquisition Co | orporation (d/b/a A | | |
| 3 Street Address Principal Business 100 Roddy Ave. | | | S. Attleboro | State MA | 02703-7951 |
| 4 Business Phone No. 508 399 6400 | | 5. State of Incorporation Delaware | | | 6. SIC Code 1999 |
| 7. Brief Description of the Characte To hold real e | | | l activity for whic | ch a corporation | n may be formed. |
| 8. NAMES AND ADDRES President Name Thomas K. Bres | | RS (*x* box for attach | MENT) FILL IN SPACES BI Vice President Name Samuel A. Ha | EFORE USING ATTACH | IMENTS |
| Street Address 801 AEC Dr. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Street Address | h Blvd., #600 | |
| City Wood Dale | State IL | ^{Z₁p} 60191 | City St. Louis | State MO | ^{Z·γ} 63105 |
| Secretary Name Elizabeth V. I | Bowling | | Treasurer Name William L. V | Willhite | |
| Street Address 7701 Forsyth B | Blvd., #600 | | Street Address 7701 Forsyti | h Blvd., #600 | |
| St. Louis | State MO | Zip 63105 | St. Louis | State MO | ^{2ip} 63105 |
| 9. NAMES AND ADDRES Director Name Bart A. Aitker | | ORS ("X" BOX FOR ATTA | CHMENT) FILL IN SPACES Director Name Samuel A. Ha | BEFORE USING ATTAC | CHMENTS |
| Street Address 7701 Forsyth I | Blvd., #600 | | Street Address 7701 Forsytl | h Blvd., #600 | |
| St. Louis | State MO | 63105 | Cuy St. Louis | State MO | ^{Zip} 63105 |
| Director Name William A. Sch | nmalz | | Director Name William L. V | Willhite | |
| Street Address 7701 Forsyth I | 31vd., #600 | | Street Address 7701 Forsyt | h Blvd., #600 | |
| St. Louis | State MO | ^{Ζίρ} 63105 | St. Louis | State MO | 63105 |
| 10. SHARES AUTHORIZE AUTHORIZED SHARES | ED (*x* box for attach | (MENT) | 11. SHARES ISSUED ("X ISSUED SHARES | " BOX FOR ATTACHMENT) | |
| 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

| | 2/20 | | |
|---------------|-------------------|----------|-----|
| File Date | | | _ |
| Check No.: | 15334 | | ··- |
| Ву | | <u> </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 ments contained herein are true and correct.

Signature of Officer

February 6, 2001 Date

Elizabeth V. Bowling

Print or Type Name of Officer

Secretary

Title of Officer

2.10

JAN -5 2000

S. Attleboro

State

MA

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

02703-7951

6. SIC Code

| (F | ORM | MUST | ΒE | TYPED | IN | BLACK) | | |
|----|-------|---------|----|-------|----|--------|----|----|
| 1. | Corpo | nate ID | No | | | | 2. | No |

2. Name of Corporation

109064

Cumberland Acquisition Corporation

3. Street Address Principal Business Office 100 Roddy Ave.

AUTHORIZED SHARES

4. Business Phone No.

5. State of Incorporation

508-399-6400

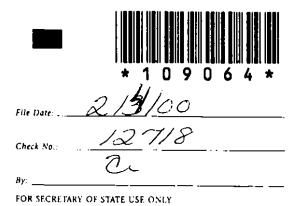
DELAWARE

| 7. Brief D | escription of the Character | r of Business Conducted in I | Rhode Island | | |
|---------------------|---------------------------------|------------------------------|----------------------|---|-------|
| 8. NAN President | | | ERS (*X* BOX FOR AT) | ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Vice President Name William L. Willhite | 8 |
| Street Ada | | ешап | | Street Address | |
| | 801 AEC Dr. | | | 7701 Forsyth Blvd., #600 | |
| City | Wood Dale | State IL | ^{Zip} 60191 | City State Zi | 63105 |
| Secretary | ^{Name} William A. S | Schmalz | | Treasurer Name William L. Willhite | |
| Street Ada | | Blvd., #600 | | Street Address as above | |
| City | St. Louis | State MO | ^{Zip} 63105 | city State 21 as above | P |
| | | SES OF THE DIREC | CTORS (*X* BOX FOR A | | NTS |
| Director N | Bart A. Aitk | ten | | Director Name Samuel A. Hamacher | |
| Street Add | | Blvd., #600 | | Street Address 7701 Forsyth Blvd., #600 | |
| City | St. Louis | State MO | 21p 63105 | City State 21 St. Louis MO | 63105 |
| Director N | ^{iame} William A. S | Schmalz | | Director Name William L. Willhite | |
| Street Ada | | Blvd., #600 | | Street Address 7701 Forsyth Blvd., #600 | |
| City | St. Louis | State MO | Zip 63105 | St. Louis MO | 63105 |

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value common 100 \$.01 1,000 \$.01 PAR VALUE common

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

ISSUED SHARES



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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and contained herein are true and correct.

1/6/00

Date

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

Signature of Officer Elizabeth V. Bowling

Print or Type Name of Officer

Assistant Secretary

Title of Officer

