

Edward S. Inman, III, Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

| PROFIT CORPORTION Period: January | ORATION . 1-March 1 • 1 | ANNUAL REI Filing Fee: \$50.00 | ORT FOR TH | ie year <u>2003</u> | STOP PLEASERIAN INSTRECTION |
|---|----------------------------|-----------------------------------|--|--------------------------------|-----------------------------------|
| (FORM MUST BE TYPED OR PRINT) 1. Corporate ID No. 86769 | 2. Name of Corporatio | n rces of Warwick, Inc. | | | |
| 3. Street Address Principal Business 6 101 EAST STATE 4. Business Phone No. | •• | : 5. State of Incorporation | City KENNFJT SQU | ARE PA | 19348 6. SIC Code |
| 610 - 444 · 63 7. Brief Description of the Character NURSING HO | of Business Conducted in I | DELAWARE | | | 9472 |
| 8. NAMES AND ADDRESS | ES OF THE OFFIC | ERS ("X" BOX FOR ATTACE | • | S BEFORE USING ATTACH | MENTS |
| RICHARD P. Street Address | BLINN | | NORMAN SC | CHUEFTAN | |
| ZOO BRICK | STONE SQ | WARE | | STATE STREET | |
| ANDOUER Secretary Name | State | 01810 | KENNET SQUI | ARE SIDE PA | 219 19348 |
| | MILLER | | Treasurer Name BARBARA Street Address | HAUSWALD | |
| , 0. | ATE STREE | T | 101 EAST | STATE STREE | 7 |
| KENNETT SQUARE | Store PA | ^{zip} 19348 | KENNET SQU | | ^{zip} 19348 |
| 9. NAMES AND ADDRESS Director Name | ES OF THE DIREC | IORS ("X" BOX FOR ATTA | GHMENT) FILL IN SPAC Director Name | CES BEFORE USING ATTAC | CHMENTS |
| ROBERT F. | | - 41 | Street Address | E HAGER | _ |
| 101 EAST 5 | rate str | CET | IOI EAS | t state str | रहरी |
| City KENNET SQUARE Director Name | State PA | 19348 | KENNETT SQU Director Name | ARE PA | 19348 |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED | ("X" BOX FOR ATTAC | HMENT) | H. SHARES ISSUED | (*X* BOX FOR ATTACHMENT) | - |
| Number of Shares | Class/Sertes | Par Value | Number of Shares | Class/Series | Par Value |
| 3,000 SHS COMM \$.01 PAI | ₹ | | 100 | COMMON | \$-01 PAR |
| This report must be signe | d in lnk by eithe | r the President, Vice F | resident, Secretary, Ass | sistant Secretary, Treasur | er, Receiver or Truste |
| | | | - | • | |



| File Date: | 2/10/03 |
|------------|----------|
| Check No.: | 03479444 |
| | |

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

Signature of Officer

NORMAN SCHUEFTAN

Print or Type Name of Officer VICE PRESIDENT OF MOTTAXATION

FOR SECRETARY OF STATE USE ONLY

Officer/Directors

Health Resources of Warwick, Inc.

Corp ID #: 86769

DIRECTORS

Robert Fish

Chairman of the Board & C.E.O 101 East State Street Kennett Square, PA 19348

George V. Hager

President, Chief Financial Officer, & Vice Chairman 101 East State Street Kennett Square, PA 19348

OFFICERS

Richard Blinn

President 200 Brickstone Square Andover, MA 01810

Norman Schueftan

Vice President of Taxation 101 East State Street Kennett Square, PA 19348

Barbara J. Hauswald

Treasurer 101 East State Street Kennett Square, PA 19348

James J. Wankmiller

Secretary 101 East State Street Kennett Square, PA 19348

James V. McKeon

Corporate Controller 101 East State Street Kennett Square, PA 19348



Edward S. Inman, III, Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-133! 401-222-3040

| PROFIT | CORPORATION | ANNUAL REPOR | RT FOR | THE | YEAR | 2002 |
|---------------|-----------------------|-------------------|--------|-----|------|------|
| Cilina Dariod | · Lanuary 1 March 1 . | Elling For SEC 00 | | | | |

| Ting Teriou. January 1-March 1 - Filing Fee. 33 | 0.00 | | INSTRUCTION |
|---|--|--|------------------------|
| (FORM MUST BE TYPED IN BLACK) | | | |
| 1. Corporate ID No. 2. Name of Corporation | | | |
| 86769 Health Resources of Warwick 3. Street Address Principal Business Office | , Inc. City | • | |
| 101 EAST STATE STREET | KENHETT SQUARE | State PA | 19348 |
| 4. Business Phone No. S. State of Inco | | The second secon | 6. SIC Code |
| 610 - 444 - 6350 DELAW | ARE | | 9472 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island NURSING HOME | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FO | OR ATTACHMENT) TIFILL IN SPACES I | BEFORE USING ATTACH | MENTS |
| President Name | Vice President Name | ····· | |
| RICHARD P. BLINN Street Address | JOHN F.X. FUR | <u>FY</u> | <u></u> |
| 200 BRICKSTONE SQUARE | Sireer Address 101 EAST 5 | TATE STREET | _ |
| ANDOVER STOLE MA 0181 | O KENNETT SQUAR | State DA | Zip |
| ANDOVER MA OISI | ······································ | T 1 PA | 19348 |
| JAMES J. WANKMILLER | BARBARA J. 1 | MAWZUAH | |
| Street Address | Street Address | · - · · | • |
| 101 EAST STATE STREET | • | ITE STREET | |
| KENNET SQUARE PA 1934 | 8 KENNETT SQUARE | State PA | 12ip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX | G - 100 - 10 | S BEFORE USING ATTAC | PHMENTS |
| Olrector Name | Director Name | S BEFORE OSING ATTAC | Entire 12 |
| MICHAEL R. WALKER | | | |
| Street Address | Street Address | · · · - · | • |
| OI EAST STATE STREET | City | State | |
| KENNET SQUARE PA 1934 | HS "" | 30016 | Zip |
| Director Name | Director Name | •••••• | |
| RICHARD R. HOWARD | | | |
| Silver Address 101 EAST STATE STREET | Street Address | | |
| City State Zio | City | State | Zip |
| KENNETT SQUARE PA 1934 | | | , |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | 11. SHARES ISSUED (2) | (* BOX, FOR ATTACHMENT) | |
| AUTHORIZED SHARES | ISSUED SHARES | | |
| Number of Shares Class/Series Par Value | Number of Shares | Class/Series | Par Value |
| 3,000 SHS COMM \$.01 PAR | 100 | CONNON | \$ -01 PAR |
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| his report must be signed in ink by either the President | t, Vice President, Secretary, Assis | tant Secretary. Treasure | er. Receiver or Truste |
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File Date:

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.

FEB Signature of Officer Date

JOHN F.X. FUREY
Print or Type Name of Officer

LITTLE PRESTDENT OF TAXATION



Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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|--|---|---------------------------------------|---|------------------------|--------------------------|
| (FORM MUST BE TYPED IN 1. Carparate ID No | 2 Name of Company | | | · | |
| 86769 | Hec 1+1 | PRSONICE | Vennett Square | \mathcal{I}_{α} | |
| 3. Street Address Principal Bus | siness Office | | (Cit) | State | Zip |
| | ate Street | | Kennett Square | PA | 19348 |
| 4 Business Phone No. | | 5. State of Incorporation | | | 6 SIC Code |
| 610-444 | | Delaw | all | | 9472 |
| 7. Brief Description of the Cha | tracter of Business Conducted in | Rhode Island | | | |
| Owner | of Nuisin | g homes | | | |
| 8. NAMES AND ADD | RESSES OF THE OFFIC | ERS ("X" BOX FOR ATTA | CHMENT) DFILL IN SPACES B | EFORE USING ATTAC | CHMENTS 1 |
| President Name | 2 2 . | | Vice President Name | V E -4 | |
| Richard Street Addiess | P. Bling | · · · · · · · · · · · · · · · · · · · | John F | · X · FARTY | |
| | | _ | Street Address | 10 5 10 | a t |
| 200 Dric | Kstone So | y vare | 101 E. S Cay We not # Squar Treasurer Name | 7016 7110 | 17/2 |
| City | state A A | 7 P | 160 | , Da | 19348 |
| MACLOVEI | MA | 0/8/0 | riennell -29 chi | (/ // | 77-70 |
| Secretary Some | | | Barbara | T. Hauswi | =101 |
| James J. | Wan Kmille | <u> </u> | 1 | | |
| 10. G 54. | + c+rept | | 10, E. St | etc Street | / |
| Cur | ett Street | Zip | Cits | State | Zip |
| Vilaget Sa | IGG PA | 19348 | Vienett Square | PA | 19348 |
| 9. NAMES AND ADD | RESSES OF THE DIRE | CTORS ("X" BOX FOR AT | | S BEFORE USING ATT | |
| Director Name | | | Director Rame | | |
| Michael | R. Walke | °r | Richard R | · MONGro | 1 |
| Street Address | - · · · · · · · · · · · · · · · · · · · | <u></u> | Street Address | 1 5+200 | + |
| 101 1 . 3 | stail Stree | / | 101 E ST | c45 3/100 | 7 |
| City | state Street | Zip 10 3 11 3 | Street Address 101 E . St City VID not # Square | State DA | 19348 |
| Kennett Squar | re | 17348 | Mitnet Square | | 7/378 |
| Director Name | | | Datectof Name 7 | | |
| Street Address | | · | Street Address | | |
| ADECL AUDICES | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | Į |
| 10. SHARES AUTHOR | RIZED ("X" BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED (*) | C BOX FOR ATTACHMEN | r) [] |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
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| 3,000 | <u>Comm</u> | .01 | 100 | Comm | |
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| This report must be : | signed in ink by eith | er the President, Vico | President, Secretary, Assis | tant Secretary, Treas | urer, Receiver or Truste |
| , | , | | · | • | |
| | | | | | |

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.

John F. X. Fhrey

Date

unt in Type Name of Officer



Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-36

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLIASE READ INSTRUCTION

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 86769 Health 3. Street Address Principal Business Office 4. Business Phone No. S. State of Incorporation 610-444-6350 Delawall 7. Brief Description of the Character of Business Conducted in Rhode Island NAISing Homes 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS President Name John 19349 Wenneths 0/8/0 Treasurer Name Wankiniller Barbara Stett State 19348 19348 KennettSquare 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) DIFICL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Richaro Micha Street Address Street Addres 19348 19348 Street Address Street Address Zip City City State Zip iState 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) D 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES **ISSUED SHARES** Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value OMM 100 0/ -0/ This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust

File Date: 12/3/00

Check No.: 10 6045

By: 804

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

Signature of Officer Date

Frint or Type Name of Officer

VIPTIVO tion



James R. Langevin, Secretary of Si Corporations Divis 100 North Main Street, Providence, RI 02903-1; 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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| FPILASE REAG INSTRUCTION |
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(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 86769 Health Resources of Warwick, Inc. 3. Street Address Principal Business Office 19348 101 East State Street Kennett Janare PA 4. Rusiness Phone No. 5. State of Incorporation 6. SIC Code 610-944-6350 **DELAWARE** 9472 7. Brief Description of the Character of Business Conducted in Rhode Island Nursing Home NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Kichard R. Howard James Street Address 101 East State Street 19348 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Kichard K. Howard <u>Michael K. Walker</u> Street Address Zip Street Address Street Address City City State Zio 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value .01 3,000 3,000 SHS COMM \$.01 PAR common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust

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, an that all statements contained herein are true and correct.

| _ V/MYCON | 2/10/99 |
|----------------------|---------|
| Signature of Officer | Date |
| A | |

JOMES V. MCKLON

VP/ Corporate Controll



fames R. Langevin, Secretary of Sta Corporations Divisi 100 North Main Street, Providence, RI 02903-13. 401-277-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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| (FORM MUST BE TYPED IN BLACK) | | | · · <u></u> | | |
| 1. Corporate ID No. | 2. Name of Corporation | ٠. | | | |
| 3. Street Address Principal Business Offi | | esources of W | Varwick, Inc. | State | Zip |
| 101 E. State St. | • | 5. State of Incorporation | Kennett Square | PA | 19348 6. SIC Code |
| 610-444-6350 7. Brief Description of the Character of | Business Conducted in Rho | Delaware de Island | | | i i |
| The operation of | a nursing h | nome. | | | |
| 8. NAMES AND ADDRESSES | S OF THE OFFICER | S (*x* bóx för attacii | MENT); Vice President Name | · • • • • · · · · · · · · · · · · · · · | |
| Richard R. Howar | rd | | James V. McKeo | n | |
| 101 E. State St. | • , State | Zip | 101 E. State S | t., State | Zip |
| Kennett Square | PA | 19348 | Kennett Square Treasurer Name | PA | 19348 |
| Ira C. Gubernic) Street Address | c | | Kenneth R. Kuh | nle | |
| 101 E. State St. | • , | | 101 E. State S | tr., | |
| City | State | Zip | Cliy | State | Zip |
| Kennett Square | PA | 19348 | Kennett Square | PA | 19348 |
| 9. NAMES AND ADDRESSES Director Name | S OF THE DIRECTO | DRS ("X" BOX FOR ATTA | CHMENT) Director Name | | |
| Richard R. Howar | rd | | None Street Address | | (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |
| 101 E. State St. | • , | | • | | |
| City | State | Zip | City | State | |
| Kennett Square Director Name | PÀ | 19348 | Director Name | | 2 2 2 2 1 Kin |
| Michael R. Walke Street Address | | | None Street Address | | 96. He State |
| 101 E. State St. | | | * =: | • | |
| City | State | Zip | City | State | Zip |
| Kennett Square 10. SHARES AUTHORIZED (AUTHORIZED SHARES | PA TXT BOX FOR ATTACHN | 19348 MENT) | 11. SHARES ISSUED TX | BÖX FÖR ATTACHMENT) | · · |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 3,000 | Common | \$0.01 | 100 | Common | \$0.01 |

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

| - 100 | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, as that all statements contained herein are true and correct. | | | |
|----------------------------------|---|--|--|--|
| FILE Date: 100140 | Signature of Officer Date | | | |
| Check No.: | Tra C. Gubernick Print or Type Name of Officer | | | |
| END SECRETARY OF STATE HISE ONLY | Cormeate Serretary | | | |



James R. Langevin, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-277-304

PROFIT CORPORATION ANNUAL REPORT 1997

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

| (FORM MUS | T BE | TYPED | IN | BL | 4CK) |
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1. Cor667.69 No.

2 HealthoResources of Warwick Inc

| PLLASE | READ |
|--------------------------|-------------|
| INSTRUC BLFC COMPL | DRE LUNG |
| 11051 | ORM |

| | - Ticaninasc | Sources of Walwick, II | 16. | | |
|--|-----------------------------|-------------------------------------|------------------------------------|--------------------------|----------------------|
| Street Address Principal Rusiness Off 133 Hackensack Avenue | lic e | | rijy Hackensack | NY | 707601 |
| Business Phone No. (201) 488–8818 | | 5. SDELAWARE | ***** | | 6. \$947.20 |
| Brief Description of the Character of perate nursing homes | Business Conducted | in Rhode Island | | | · |
| NAMES AND ADDRESSE | S OF THE OFF | ICERS ("X" BOX FOR ATTACK | IMENT) X Vice President Name | | - |
| Daniel E. Straus | | | Stephen R. Baker Street Address | | |
| 433 Hackensack Avenue | State | Zip | 433 Hackensack Av | venue State | |
| Hackensack cretary Name | NU. | 07601 | Hackensack Treasurer Name | ¹ NJ | 07601 |
| Bradford C. Burkett | | | Stephen R. Baker | | |
| 433 Hackensack Avenue | State | Zip | 433 Hackensack Av | venue State | Zip |
| Hackensack | NJ | 07601 | . Hackensack | NJ | 07601 |
| NAMES AND ADDRESSE | S OF THE DIR | ECTORS ("X" BOX FOR ATTA | CHMENT) . Director Name | · •. • | · · · · · · · |
| Moshael J. Straus reet Address | | | Stephen R. Baker Street Address | | |
| 433 Hackensack Avenue | • . | | 433 Hackensack Av | | |
| Packensack rector Name | State NJ | 7/p 07601 | City Hackensack Director Name | · State NJ | · Zip . 07601 |
| Deniel E. Straus | | | Street Address | • • • | |
| 433 Hackensack Avenue | 5 | | | | |
| _{ly} Had kensad k J. SHARES AUTHORIZED : | State NJ AND ISSUED (| Zip O7601 *X* BOX FOR ATTACHMENT) | City | State : | Zip |
| THORIZZE) SHARES | • – | | ESSUED SHARES | - · · · · · - · · | |
| 3,000 SHS COMM \$.01 | Class/Series PAR | Par Value | Number of Shares | Class/Series | Par Value |
| | | | 100 | camman | \$.01 |
| | | | <u> </u> | | i ! |
| nis report must be <mark>signed</mark> | | **** | resident, Secretary, As | sistant Secretary, Treas | surer, Receiver or 1 |
| | | | | | |



Check No.:

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.

Date

Bradford C. Burketl Print or Type Name of Officer

Secretary

Attachment

5. Full Legal Name: Moshael J. Straus

Title(s): Chairman of the Board of Directors/Co-Chief

Executive Officer

Business Address: 433 Hackensack Avenue

Hackensack, New Jersey 07601

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantation James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-304

Filing Period: January 1-March 1

Filing Fee: \$50.00

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|---|------------------------|---------------------|---|----------------|------------------------|--|--|--|
| | | PLEASE TYPE OR PAII | NT IN BLACK INK. | | | | | |
| 1. CORPORATE IO NO. | 2. NAME OF CORPORATION | | | | | | | |
| 86769 | Health | Resources of Wa | rwick, Inc. | | | | | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE | | | CITY | STATE | 2.00€ | | | |
| 411 Hackensack Avenue, 7th Floor BUSINESS PHONE NO. 15. STATE OF INCORPORATION | | | Hackensack | LN | 07601 | | | |
| | | | | | 6 SiC COO€ | | | |
| (201) 488 - 88/8 BREF DESCRIPTION OF THE CHARACTER OF BUSINESS COMMUNICIED IN RHODE ISS | | DELAWARE | | | 9472 | | | |
| | | | | | | | | |
| operating nursing homes 8. NAMES AND ADDRESSES OF THE OFFICERS MICEPRESIDENT NAME | | | | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS | | | | | | | | |
| Daniel E | Straus | | MCE PRESIDENT NAME Paul J. Klausner | | | | | |
| irreet adoress 411 Hackensac | K Ave., 7th | FI. | STREET ADDRESS 411 Hackensack Ave., 7th F1. OTT STATE ZTP COOR OT 601 | | | | | |
| 411 Hackensac Hackensack | STATE | 07601 | Hackensack | STATE | 21°000€ 07601 | | | |
| Prodford (| C. Ruzkott | | Vice President CL D R Lac | | | | | |
| THEET ADDRESS 411 Hackense | ick Ave. 71 | H FI. | STREET ADDRESS 411 Hackensack Aur., 7th F1. OTY Hackensack NJ O7601 SSES OF THE DIRECTORS DRECTOR NAME | | | | | |
| Hackensack | STATE | 20° CODE 07601 | Hackensack | STATE | 27601 | | | |
| -/- | 9. NAM | ES AND ADDRES | SES OF THE DI | RECTORS | 1 - 1001 | | | |
| | | | DIRECTION NAME | | | | | |
| Moshael J. Str | aus - Chairma, | of the Board | Daniel E. Straus | | | | | |
| 411 Hackensach | L Ave. 741 | FI. | 411 Hackensack Ave., 7+h F1. OTT STATE ZEP COOK Hackensack NJ 07601 | | | | | |
| 411 Hackensach Hackensack Mecrophwe | NJ | 07601 | | NJ | ^{™‱} 0760/ | | | |
| Paul J. I | Klausner | | DIPLECTOR NAME | | | | | |
| TREET ADDRESS 411 Hackensach | (Ave., 7 | th F7. | STREET ADDRESS | | | | | |
| 411 Hackensach Hackensack | STATE | 07601 | áir | STATE | Z° CΟΟΕ | | | |
| | | | ED AND ISSUED | | | | | |
| | AUTHORIZED SHARES | | ISSUED SHARES | | | | | |
| MUMBER OF SHARES | CLASS / SERIES | PAR VALUE | MUMBER OF SHARES | CLASS / SERTES | PARVALLE | | | |
| | | | | | | | | |

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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| ary, 7 | Treasurer, | Receiver or | Truste | е | | | |
|--------|--------------|-----------------|-----------|------------|-------------|-------------|------|
| Unde | r penalty of | perjury, I decl | are and a | affirm tha | t I have ex | kamined | i th |

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COMMON

report, including any accompanying schedules and statements, and the all statements contained herein are true and correct.

| File Date: | 2-26-96 |
|------------|---------|
| Check No: | 180786 |

3,000 SHS COMM \$.01 PAR

Balferd C. By Ikrth Print or Type Name of Officer

Seci

.0 0

By: