



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 02903-133
401-222-304



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. 86769 2. Name of Corporation Health Resources of Warwick, Inc.

3. Street Address Principal Business Office 101 EAST STATE STREET City KENNETT SQUARE State PA Zip 19348

4. Business Phone No. 610-444-6350 5. State of Incorporation DELAWARE 6. SIC Code 9472

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

NURSING HOME

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

President Name <u>RICHARD P. BLINN</u>	Vice President Name <u>NORMAN SCHUEFTAN</u>
Street Address <u>200 BRICKSTONE SQUARE</u>	Street Address <u>101 EAST STATE STREET</u>
City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810</u>	City <u>KENNETT SQUARE</u> State <u>PA</u> Zip <u>19348</u>
Secretary Name <u>JAMES WANKMILLER</u>	Treasurer Name <u>BARBARA HAUSWALD</u>
Street Address <u>101 EAST STATE STREET</u>	Street Address <u>101 EAST STATE STREET</u>
City <u>KENNETT SQUARE</u> State <u>PA</u> Zip <u>19348</u>	City <u>KENNETT SQUARE</u> State <u>PA</u> Zip <u>19348</u>

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

Director Name <u>ROBERT FISH</u>	Director Name <u>GEORGE HAGER</u>
Street Address <u>101 EAST STATE STREET</u>	Street Address <u>101 EAST STATE STREET</u>
City <u>KENNETT SQUARE</u> State <u>PA</u> Zip <u>19348</u>	City <u>KENNETT SQUARE</u> State <u>PA</u> Zip <u>19348</u>

Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>3,000 SHS COMM \$0.01 PAR</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>COMMON</u>	<u>\$0.01 PAR</u>

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



* 8 6 7 6 9 *

File Date: 2/10/03

Check No.: 0379444

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.

Norman Schueftan 1/29/03
Signature of Officer Date

NORMAN SCHUEFTAN

Print or Type Name of Officer

VICE PRESIDENT OF TAXATION

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



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 02903-1331
401-222-3041



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. 86769	2. Name of Corporation Health Resources of Warwick, Inc.
3. Street Address Principal Business Office 101 EAST STATE STREET	City KENNETT SQUARE State PA Zip 19348
4. Business Phone No. 610-444-6350	5. State of Incorporation DELAWARE
6. SIC Code 9472	

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

NURSING HOME

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

President Name RICHARD P. BLINN	Vice President Name JOHN F.X. FUREY
Street Address 200 BRICKSTONE SQUARE	Street Address 101 EAST STATE STREET
City ANDOVER State MA Zip 01810	City KENNETT SQUARE State PA Zip 19348
Secretary Name JAMES J. WANKMILLER	Treasurer Name BARBARA J. HAUSWAUD
Street Address 101 EAST STATE STREET	Street Address 101 EAST STATE STREET
City KENNETT SQUARE State PA Zip 19348	City KENNETT SQUARE State PA Zip 19348

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

Director Name MICHAEL R. WALKER	Director Name
Street Address 101 EAST STATE STREET	Street Address
City KENNETT SQUARE State PA Zip 19348	City State Zip
Director Name RICHARD R. HOWARD	Director Name
Street Address 101 EAST STATE STREET	Street Address
City KENNETT SQUARE State PA Zip 19348	City State Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
3,000 SHS COMM \$0.01 PAR		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	\$0.01 PAR

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



* 8 6 7 6 9 *

File Date: 2-7-02

Check No.: 3228109

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] FEB 1 2002
Signature of Officer Date

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

VICE PRESIDENT OF TAXATION



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

Corporations Division
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>86769</u>	2. Name of Corporation <u>Health Resources of Warwick, Inc</u>
3. Street Address Principal Business Office <u>101 E. State Street</u>	City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>
4. Business Phone No. <u>610-444-6350</u>	5. State of Incorporation <u>Delaware</u> 6. SIC Code <u>9472</u>

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

Owner of Nursing homes

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

President Name <u>Richard P. Blinn</u>	Vice President Name <u>John F. X. Furey</u>
Street Address <u>200 Brickstone Square</u>	Street Address <u>101 E. State Street</u>
City <u>Andover</u> State <u>MA</u> Zip <u>01810</u>	City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>
Secretary Name <u>James J. Wankmiller</u>	Treasurer Name <u>Barbara J. Hauswald</u>
Street Address <u>101 E. State Street</u>	Street Address <u>101 E. State Street</u>
City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>	City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>

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

Director Name <u>Michael R. Walker</u>	Director Name <u>Richard R. Howard</u>
Street Address <u>101 E. State Street</u>	Street Address <u>101 E. State Street</u>
City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>	City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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
<u>3,000</u>	<u>Comm</u>	<u>.01</u>	<u>100</u>	<u>Comm</u>	<u>.01</u>

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

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.

File Date: 8/31/01

Check No.: 1054747

By: GAH

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Date

John F. X. Furey
Print or Type Name of Officer

VP - Taxation
Title of Officer

3-15-01



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

Corporations Division
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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <u>86769</u>		2. Name of Corporation <u>Health Resources of Warwick Inc.</u>			
3. Street Address Principal Business Office <u>101 E. State Street</u>		City <u>Kenneth Square</u>	State <u>PA</u>	Zip <u>19348</u>	
4. Business Phone No. <u>610-444-6350</u>		5. State of Incorporation <u>Delaware</u>		6. SIC Code <u>9472</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>owner of Nursing Homes</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Richard P. Blinn</u>		Vice President Name <u>John F.X. Farry</u>			
Street Address <u>200 Brickstone Square</u>		Street Address <u>101 E. State Street</u>			
City <u>Andover</u>	State <u>MA</u>	Zip <u>01810</u>	City <u>Kenneth Square</u>	State <u>PA</u>	Zip <u>19348</u>
Secretary Name <u>James J. Wankmiller</u>		Treasurer Name <u>Barbara J. Hauswald</u>			
Street Address <u>101 E. State Street</u>		Street Address <u>101 E. State Street</u>			
City <u>Kenneth Square</u>	State <u>PA</u>	Zip <u>19348</u>	City <u>Kenneth Square</u>	State <u>PA</u>	Zip <u>19348</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Michael R. Walker</u>		Director Name <u>Richard R. Howard</u>			
Street Address <u>101 E. State Street</u>		Street Address <u>101 E. State Street</u>			
City <u>Kenneth Square</u>	State <u>PA</u>	Zip <u>19348</u>	City <u>Kenneth Square</u>	State <u>PA</u>	Zip <u>19348</u>
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
<u>3,000</u>	<u>Comm</u>	<u>.01</u>	<u>100</u>	<u>Comm</u>	<u>.01</u>

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

File Date: 12/31/00
Check No.: 1076245
By: CBA

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: John F.X. Farry Date: 5-16-01
Print or Type Name of Officer: John F.X. Farry
VDP. vation



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 02903-1
401-222-31

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. 86769		2. Name of Corporation Health Resources of Warwick, Inc.		
3. Street Address Principal Business Office 101 East State Street		City Kennett Square	State PA	Zip 19348
4. Business Phone No. 610-444-6350		5. State of Incorporation DELAWARE		6. SIC Code 8472
7. Brief Description of the Character of Business Conducted in Rhode Island Nursing Home				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard R. Howard		Vice President Name James V. McKeon		
Street Address 101 East State Street		Street Address 101 East State Street		
City Kennett Square	State PA	Zip 19348	City Kennett Square	State PA
Secretary Name Dra C. Gubernick		Treasurer Name Barbara J. Hauswald		
Street Address 101 East State Street		Street Address 101 East State Street		
City Kennett Square	State PA	Zip 19348	City Kennett Square	State PA
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Richard R. Howard		Director Name Michael R. Walker		
Street Address 101 East State Street		Street Address 101 East State Street		
City Kennett Square	State PA	Zip 19348	City Kennett Square	State PA
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
3,000 SHS COMM \$0.01 PAR			3,000	common

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



* 8 6 7 6 9 *

File Date: **Mar 1, 99**

Check No.: **337200**

By: **JD**

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.

James V. McKeon **2/10/99**
Signature of Officer Date

James V. McKeon
Print or Type Name of Officer

VP/Corporate Controller
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 02903-13
401-277-30



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. 06719 2. Name of Corporation Health Resources of Warwick, Inc.
3. Street Address Principal Business Office 101 E. State St., City Kennett Square State PA Zip 19348
4. Business Phone No. 610-444-6350 5. State of Incorporation Delaware 6. SIC Code

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

The operation of a nursing home.

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

President Name <u>Richard R. Howard</u> Street Address <u>101 E. State St.,</u> City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>	Vice President Name <u>James V. McKeon</u> Street Address <u>101 E. State St.,</u> City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>
Secretary Name <u>Ira C. Gubernick</u> Street Address <u>101 E. State St.,</u> City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>	Treasurer Name <u>Kenneth R. Kuhnle</u> Street Address <u>101 E. State Str.,</u> City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>

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

Director Name <u>Richard R. Howard</u> Street Address <u>101 E. State St.,</u> City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>	Director Name <u>None</u> Street Address <u>None</u> City <u>None</u> State <u>None</u> Zip <u>None</u>
Director Name <u>Michael R. Walker</u> Street Address <u>101 E. State St.,</u> City <u>Kennett Square</u> State <u>PA</u> Zip <u>19348</u>	Director Name <u>None</u> Street Address <u>None</u> City <u>None</u> State <u>None</u> Zip <u>None</u>

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

AUTHORIZED SHARES	Class/Series	Par Value
3,000	Common	\$0.01

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

ISSUED SHARES	Class/Series	Par Value
100	Common	\$0.01

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

File Date: 6/25/98

Check No.: 134033752

By: _____

END 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 Ira C. Gubernick Date 6/22/98

Print or Type Name of Officer
Ira C. Gubernick

Corporate Secretary



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 02903-133
401-277-304



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporation No. **86789** 2. **Health Resources of Warwick, Inc.**

3. Street Address Principal Business Office
433 Hackensack Avenue

City
Hackensack

State
NJ

Zip
07601

4. Business Phone No.
(201) 488-8818

5. **DELAWARE**

6. **8472**

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

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

President Name

Daniel E. Straus

Street Address

433 Hackensack Avenue

City State Zip
Hackensack NJ 07601

Secretary Name

Bradford C. Burkett

Street Address

433 Hackensack Avenue

City State Zip
Hackensack NJ 07601

Vice President Name

Stephen R. Baker

Street Address

433 Hackensack Avenue

City State Zip
Hackensack NJ 07601

Treasurer Name

Stephen R. Baker

Street Address

433 Hackensack Avenue

City State Zip
Hackensack NJ 07601

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

Director Name

Moshael J. Straus

Street Address

433 Hackensack Avenue

City State Zip
Hackensack NJ 07601

Director Name

Daniel E. Straus

Street Address

433 Hackensack Avenue

City State Zip
Hackensack NJ 07601

Director Name

Stephen R. Baker

Street Address

433 Hackensack Avenue

City State Zip
Hackensack NJ 07601

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
3,000 SHS COMM \$.01 PAR

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



* 8 6 7 6 9 *

File Date: **8/29/97**

Check No.: **017409**

By: **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 that all statements contained herein are true and correct.

Bradford C. Burkett
Signature of Officer
Print or Type Name of Officer

Date

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

1996



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

1. CORPORATE ID NO. 86769		2. NAME OF CORPORATION Health Resources of Warwick, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 411 Hackensack Avenue, 7th Floor		CITY Hackensack	STATE NJ
4. BUSINESS PHONE NO. (201) 488-8818		5. STATE OF INCORPORATION DELAWARE	6. ZIP CODE 07601

operating nursing homes

PRESIDENT NAME Daniel E. Straus			VICE PRESIDENT NAME Paul J. Klausner		
STREET ADDRESS 411 Hackensack Ave., 7th Fl.			STREET ADDRESS 411 Hackensack Ave., 7th Fl.		
CITY Hackensack	STATE NJ	ZIP CODE 07601	CITY Hackensack	STATE NJ	ZIP CODE 07601
SECRETARY NAME Bradford G. Burkett			TREASURER NAME Vice President Stephen R. Baker		
STREET ADDRESS 411 Hackensack Ave., 7th Fl.			STREET ADDRESS 411 Hackensack Ave., 7th Fl.		
CITY Hackensack	STATE NJ	ZIP CODE 07601	CITY Hackensack	STATE NJ	ZIP CODE 07601

DIRECTOR NAME Moshae J. Straus - Chairman of the Board			DIRECTOR NAME Daniel E. Straus		
STREET ADDRESS 411 Hackensack Ave., 7th Fl.			STREET ADDRESS 411 Hackensack Ave., 7th Fl.		
CITY Hackensack	STATE NJ	ZIP CODE 07601	CITY Hackensack	STATE NJ	ZIP CODE 07601
DIRECTOR NAME Paul J. Klausner			DIRECTOR NAME		
STREET ADDRESS 411 Hackensack Ave., 7th Fl.			STREET ADDRESS		
CITY Hackensack	STATE NJ	ZIP CODE 07601	CITY	STATE	ZIP CODE

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	common	\$.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.

Signature of Officer

Buckley C. Brisk
Print or Type Name of Officer

File Date: 2-26-96

Check No: 180786

By: