



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 98373		2. Name of Corporation HANDY HOUSE, INC.			
3. Street Address Principal Business Office 31 EAST Belcher ROAD			City FOXBORO	State MA	Zip 02035
4. Business Phone No 800-442-1286		5. State of Incorporation MASSACHUSETTS			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RENTING, LEASING, PURCHASING, ACQUIRING, OWNING, SELLING, SERVICING, TRANSFERRING, MANUFACTURING AND OTHERWISE DEALING IN PORTABLE TOILETS AND OTHER CONSTRUCTION EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Terrence McNabb			Vice President Name TERRY CRAIG BELLORA		
Street Address 110 PRIOR FARM ROAD			Street Address 85 EAST INDIA WAY		
City DUXBURY	State MA	Zip 02332	City BOSTON	State MA	Zip 02110
Secretary Name RONALD PARLENGAS			Treasurer Name RONALD PARLENGAS		
Street Address 18 Red GAP ROAD			Street Address 18 Red GAP ROAD		
City WILBRAHAM	State MA	Zip 01095	City WILBRAHAM	State MA	Zip 01095
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Muzzi Mirza			Director Name Douglas Hitchner		
Street Address 280 Park Avenue 38th Floor			Street Address 56 B FOREST DRIVE		
City New York	State NY	Zip 10017	City Springfield	State NJ	Zip 07081
Director Name BRIAN KWAM			Director Name NONE		
Street Address 75 Rock Maple ROAD			Street Address		
City Greenwich	State CT	Zip 06830	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
12,500 COMM NO PAR VALUE			100	common	None

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



98373

File Date	1/27/05
Check No	4609
By	DA
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 Ronald Parlengas Date JAN 20, 2006
Print or Type Name of Officer RONALD PARLENGAS
Title of Officer Secretary / Treasurer

Handy House, Inc. ID # 98373

ADDITIONAL OFFICERS:

Assistant Secretary - Joseph BALDUCCHI
51 Longwood Drive
Lunenburg, MA 01462

98373
FILED
JAN 27 2005
By DA



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 OR PRINTED IN BLACK)

1. Corporate ID No 98373		2. Name of Corporation HANDY HOUSE, INC.		
3. Street Address Principal Business Office		City	State	Zip
4. Business Phone No		5. State of Incorporation MASSACHUSETTS		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RENTING, LEASING, PURCHASING, ACQUIRING, OWNING, SELLING, SERVICING, TRANSFERRING MANUFACTURING AND OTHERWISE DEALING IN PORTABLE TOILETS AND OTHER CONSTRUCTION EQUIPMENT				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Terrence McNabb President Street Address 31 Middlesex Rd. Mansfield, MA 02048 City		Vice President Name Street Address City State Zip		
Secretary Name Ronald Parlengas Clerk & Treasurer Street Address 18 Red Gap Road Wilbraham, MA 01095 City		Treasurer Name Ronald Parlengas Clerk & Treasurer Street Address 18 Red Gap Road Wilbraham, MA 01095 City		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Scott Lemay Director Street Address 535 South Street Fitchburg, MA 01420 City		Director Name Street Address City State Zip		
Director Name Brian Kwiat Director Street Address 75 Rock Maple Road Greenwich, CT 06830 City		Director Name Doug Hitchner Director Street Address 56B Forest Drive Springfield, NJ 07081 City		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES				
Number of Shares		Class/Series	Par Value	
12,500 COMM NO PAR VALUE				
Number of Shares		Class/Series	Par Value	
3750		Common	No Par	

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



* 9 8 3 7 3 *

File Date **3-2-04**
Check No. **3675**
By: **RP**

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 **Ronald Parlengas** Date **2/28/04**

Ronald Parlengas
Clerk & Treasurer

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *98373*	2. Name of Corporation HANDY HOUSE, INC.		
3. Street Address Principal Business Office 31 EAST BELCHER RD	City FOXBOROUGH	State MA	Zip 02035
4. Business Phone No. 5085432006	5. State of Incorporation MASSACHUSETTS	6. SIC Code 0	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF RENTING, LEASING, PURCHASING, ACQUIRING, OWNING, SELLING, SERVICING,
TRANSFERRING, MANUFACTURING AND OTHERWISE DEALING IN PORTABLE TOILETS AND OTHER CONSTRUCTION EQUIPMENT.

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

President Name Terrence McNabb Street Address President 31 Middlesex Rd. City Mansfield, MA 02048	Vice President Name Street Address City State Zip
Secretary Name Ronald Parlengas Street Address Clerk & Treasurer 18 Red Gap Road City Wilbraham, MA 01095	Treasurer Name Ronald Parlengas Street Address Clerk & Treasurer 18 Red Gap Road City Wilbraham, MA 01095

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

Director Name Scott Lemay Street Address Director 535 South Street City Fitchburg, MA 01420	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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
12,500 COMM NO PAR VALUE			3,750	Common	No Par

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



* 9 8 3 7 3 *

*98373 FBC4/23/031 **FILED**
File Date MAY 05 2003
Check No. By CMA 3013
By CMA 3013
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 Ronald M Parlengas Date 5/1/03
Print or Type Name of Officer Ronald M Parlengas
Title of Officer Clerk



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98373** 2. Name of Corporation **HANDY HOUSE, INC.**

3. Street Address Principal Business Office

31 E. Belcher Rd.

City

Foxboro

State

MA

Zip

02035

4. Business Phone No.

508-543-2006

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

0

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

Portable Restrooms

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

President:

Terrence McNabb

110 Prior Farm Road

Duxbury, MA 02332

Vice President Name

Street Address

City

State

Zip

Clerk:

Ronald M. Parlengas

18 Red Gap Road

Wilbraham, MA 01095

Treasurer:

Ronald M. Parlengas

18 Red Gap Road

Wilbraham, MA 01095

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

Director:

Scott K. Lemay

535 South Street, Unit 26

Fitchburg, MA 01420

Director Name

Street Address

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

12,500 COMM NO PAR VALUE

-0-

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

3,750

Common No Par

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



* 9 8 3 7 3 *

File Date **3-18-02**

Check No. **2037**

By **de**

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.

RumPury **3/14/02**

Signature of Officer Date

Ronald M. Parlengas

Print or Type Name of Officer

Clerk

Title of Officer



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. **98373** 2 Name of Corporation **HANDY HOUSE, INC.**

3 Street Address Principal Business Office **31 E. BELCHER RD** City **FOXBORO** State **MA** Zip **02035**
4 Business Phone No. **508-594-2655** 5 State of Incorporation **MASSACHUSETTS** 6 SIC Code **8**

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

PORTABLE RESTROOMS

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

President Name TERRENCE McNABB	Vice President Name
Street Address 21 PRIOR FARM RD	Street Address
City DUXBURY State MA Zip 02332	City State Zip
Secretary Name	Treasurer Name RONALD PARLENGAS
Street Address	Street Address 9 POPLAR DR
City State Zip	City WILBRAHAM State MA Zip 01095

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

Director Name SCOTT LEMAY	Director Name
Street Address 535 South St Unit 26	Street Address
City FITCHBURG State MA Zip 01420	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
12,500 COMM NO PAR VALUE		-0-

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
3750	Common	NO PAR

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



* 9 8 3 7 3 *

File Date. 3-16-01

Check No. 1413

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] 3-14-01
Signature of Officer Date

LYNDA A. CRABTREE
Print or Type Name of Officer

ASST CLERK
Title of Officer

Report Officers/Directors
Business ID: 0579183

1. Full Legal Name: TERRENCE McNABB
Title: PRES
Residence Address: 21 PRIOR FARM ROAD
DUXBURY, MA 02332
Business Address: 31 E. BELCHER RD
PO BOX 9131
FOXBOROUGH, MA 02035
2. Full Legal Name: RONALD PARLENGAS
Title: TREAS
Residence Address: 9 POPLAR DRIVE
WILBRAHAM, MA 01095
Business Address: 31 E. BELCHER RD
PO BOX 9131
FOXBOROUGH, MA 02035
3. Full Legal Name: RONALD PARLENGAS
Title: CLERK
Residence Address: 9 POPLAR DRIVE
WILBRAHAM, MA 01095
Business Address: 31 E. BELCHER RD
PO BOX 9131
FOXBOROUGH, MA 02035
4. Full Legal Name: LYNND A CRABTREE
Title: ASST CLERK
Residence Address: 1 OVERLAND STREET
FITCHBURG, MA 01420
Business Address: 31 E. BELCHER RD
PO BOX 9131
FOXBOROUGH, MA 02035
5. Full Legal Name: SCOTT LEMAY
Title: DIRECTOR
Residence Address: 535 SOUTH STREET, UNIT 26
FITCHBURG, MA 01420
Business Address: 31 E. BELCHER RD
PO BOX 9131
FOXBOROUGH, MA 02035



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 02903-1335
401-277-3040



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. 98373 2. Name of Corporation
Handy House, Inc.

3. Street Address Principal Business Office
31 East Belcher Road
City **Foxboro** State **MA** Zip **02035**
4. Business Phone No. **(800) 442-1286** 5. State of Incorporation **Massachusetts** 6. SIC Code **4990**

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

Portable Restroom Services

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

President Name	Vice President Name
Martin P. Murphy, Jr.	Martin P. Murphy, Jr.
Street Address	Street Address
29 Stop River Road	29 Stop River Road
City State Zip	City State Zip
Norfolk MA 02056	Norfolk MA 02056
Secretary Name	Treasurer Name
Martin P. Murphy, Jr.	Martin P. Murphy, Jr.
Street Address	Street Address
29 Stop River Road	29 Stop River Road
City State Zip	City State Zip
Norfolk MA 02056	Norfolk MA 02056

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

Director Name	Director Name
Martin P. Murphy, Jr.	
Street Address	Street Address
29 Stop River Road	
City State Zip	City State Zip
Norfolk MA 02056	
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
12,500	Common	No Par Value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
3,750	Common	No Par Value

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

File Date: 3/12/00
Check No.: 2054
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] 3/31/99
Signature of Officer Date
Martin P. Murphy, Jr.
Print or Type Name of Officer
President
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 02903-1335
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 BLACK)

1. Corporate ID No.

98373

2. Name of Corporation

HANDY HOUSE, INC.

3. Street Address Principal Business Office

31 East Belcher Rd., P.O. Box 9131

City

Foxborough

State

MA

Zip

02035

4. Business Phone No.

1-800-442-1286

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of renting, leasing, purchasing, acquiring, owning, selling, transferring, manufacturing and otherwise dealing in portable toilets

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

President Name

Martin P. Murphy, Jr.

Vice President Name

Street Address

29 Stop River Road

Street Address

City

Norfolk

State

MA

Zip

02056

City

State

Zip

Secretary Name

Martin P. Murphy, Jr.

Treasurer Name

Martin P. Murphy, Jr.

Street Address

29 Stop River Road

Street Address

29 Stop River Road

City

Norfolk

State

MA

Zip

02056

City

Norfolk

State

MA

Zip

02056

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

Director Name

Martin P. Murphy, Jr.

Director Name

Street Address

29 Stop River Road

Street Address

City

Norfolk

State

MA

Zip

02056

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares 12,500 Class/Series Par Value None

12,500 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares 3,750 Class/Series Par Value None

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



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File Date: Mar 2 1999

Check No.: 93383

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] 1/21/99
Signature of Officer Date

Martin P. Murphy, Jr.
Print or Type Name of Officer

President

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 02903-1335
401-277-3040



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. 98373		2. Name of Corporation HANDY HOUSE, INC.			
3. Street Address Principal Business Office 31 East Belcher Rd., P.O. Box 9131		City Foxborough	State MA	Zip 02035	
4. Business Phone No. 1-800-442-1286		5. State of Incorporation MA			
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of renting, leasing, purchasing, acquiring, owning, selling, transferring, manufacturing and otherwise dealing in portable toilets.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name Martin P. Murphy, Jr. Street Address 14 Temple Street City Medway State MA Zip 02053		Vice President Name Martin P. Murphy, Sr. Street Address 88 Woodcliff Road City Newton State MA Zip 02161			
Secretary Name Martin P. Murphy, Jr. Street Address 14 Temple Street City Medway State MA Zip 02053		Treasurer Name Martin P. Murphy, Jr. Street Address 14 Temple Street City Medway State MA Zip 02053			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name Martin P. Murphy, Sr. Street Address 88 Woodcliff Road City Newton State MA Zip 02161		Director Name Street Address City State Zip Director Name Street Address City State Zip Director Name Street Address City State 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
12,500		None	3,750		None

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

File Date: 7-22-98

Check No: 51603

By: AMF

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: Martin P. Murphy, Jr. Date: 7/21/98

Print or Type Name of Officer: Martin P. Murphy, Jr.

Title of Officer: President