

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Divisi 100 North Main Str Providence, RI 02903-13 i91 222 36

| 75585 3 Street Address Principal Business Office 2180 Mendon Road, 4 Business Principal (401) 333-3381 7 Brief Description of the Character of Ba | , <u> </u> | EPORTERS, INC. | City | | | |
|---|-------------------|------------------------|---|---|------------------|--|
| 2180 Mendon Road, 4 Business Prome No (401) 333-3381 7 Burg Description of the Character of Ro | | 2 | City | | | |
| 4 Business Prome No. (401) 333-3381 7 Burg Description of the Character of Ro. | <u>_Sulte_2.</u> | <u></u> | '' | State | Ζφ | |
| 7 Biref Description of the Character of Ra | | 5 State of Incorporati | Cumberland | <u> Rhode Is</u> | land 02864 | |
| 7 Biref Description of the Character of Ra | | PHODE ISLAN | | | 6 MC Code | |
| | smess Conducted o | of Observation 1 | | | 7856 | |
| 8 NAMES AND ADDRESS OF | | ESS OF COURT REPO | RTING,STENOGRAPHY AND A | LL ALLIED SERVICES | | |
| 8. NAMES AND ADDRESSES OF President Name | THE OFFICER | S: ("X" BOX FOR A | | SPACES BEFORE USI | NG ATTACHMENTS | |
| JoAnne M. Sutcliff | 5 <u>.</u> | | Vice President Name | | | |
| Street Address | <u>:e</u> | | JoAnne M. Sut | <u>cliffe</u> | | |
| 2180 Mendon Road, | Suite 22 | 2 | Street Address 2130 Mendon Re | ond Cuite 1 | 2 | |
| City Star | | Z.p | Cuy | State | Zip | |
| Cumberland F | ξI | 02864 | Cumberland | RI | 02864 | |
| Seeding Name | • | • | Treasurer Name | | 102004 | |
| JoAnne M. Sutcliff Street Address | е | | JoAnne M. Sutcliffe | | | |
| | Contract on | | Street Address | | | |
| 2180 Mendon Road. | | Zip | 2180 Mendon Re | | | |
| Cumberland R | RI | 02864 | | State | Zip | |
|). NAMES AND ADDRESSES OF | THE DIRECTO | PRS: ("X" BOX FOR | :Cumberland <i>ATTACHMENT</i>) □ FILLIN | RI N SPACES BEFORE US | 1 02864 | |
| Director Name | | | Director Name | · or it obtained to the co | and attachishing | |
| JoAnne M. Sutcliff | <u>e</u> | | | | | |
| | Cuit an | | Street Address | | | |
| 2180 Mendon Road, | | Zip | | | | |
| umberland | RI | 02864 | Cuy | State | Zip | |
| Director Name | | | Director Name | l | | |
| <u> </u> | | : | | | | |
| Street Address | | | Street Address | | | |
| ill) State | | <u> </u> | | | | |
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| 10. SHARES AUTHORIZED 7"x" | DON TOR ATT | ACHMENT) [] | 11. SHARES ISSUED (| "X" BOX FOR ATTAC | HMENT) 🗍 | |
| (0. SHARES AUTHORIZED ("X" AUTHORIZED SHARES | | | ISSUED SHARES | Class/Series | Par Value | |
| AUTHORIZED SHARES | /Series | Par Value | Number of Shares | | | |
| AUTHORIZED SHARES Number of Shares Class | | Par Value | Number of Shares | CARTA STATES | THE COME | |
| UTHORIZED SHARES | | Par Value | Number of Shares | - | - | |
| AUTHORIZED SHARES Sumber of Shares Class | | Par Value | | Common | No par Valu | |

File Date _ __ 2-7-05_ __ _ FOR SECRETARY OF STATE USE ONLY

| Conder penalty of perjury, I declare and affirm that I have ex | camined this repor |
|--|--------------------|
| including any accompanying schedules and statements, and | |
| contained herein are true and correct., | |
| Sipharure of Officer A. Sulcheffe | 2/3/05 |
| Signature of Officer | Date |
| Jo Anne M. Sutcliffe | |
| Print or Type Name of Officer | - |
| Tresident | |
| Title of Officer | |



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 | TORT FOR THE | LAR | - | |
|---|--------------------------------------|---|-------------------------------------|---------------------------------------|--|--|
| (FORM MUST BE TYPED IN E | | | ···· | | | |
| 75585 | 2. Nume of Corp | | | - | | |
| 3. Street Address Principal Busin | A-I COUR | T REPORTERS, INC | <i>.</i> | | | |
| 2189 MENDON ROAD, | | | City | State | Ζiφ | |
| 4. Business Phone No. | SUTTE 22 | | CUMBERLAND | RI | 02864- | |
| 4013333381 | | 5. State of Incorpor | | | 6. SIC Code | |
| 1 | | RHODE ISLA | AND | | 7856 | |
| 7. Brief Description of the Chare TO CONDUCT AND CARR | acter of Business Co Y ON THE BUS | onducted in Rhode Island INBSS OF COURT RI | SPORTING, STENOGRAPHY AN | TO ALL ALLIED SER | VICES. | |
| | | | RATTACHMENT), FILL IN SP. | | | |
| JoAnne M. Sutcliff | fe . | | Vice President Name JoAnne M. Sutcl | iffo | | |
| Street Address | | ······································ | Street Address | | | |
| 2180 Mendon Road, | Suite 22 | | . 2180 Mendon Roa | d Suite 22 | | |
| Ciry | State | Ζφ | City | State | Zip | |
| Cumberland Secretary Name | RI | 02864 | Cumberland | RI | 02864 | |
| JoAnne M. Sutcliff | e | | JoAnne M. Sutcl | iffee | | |
| Street Address | | ··· | Street Address | | ···· | |
| 2180 Mendon Road, | Suite 22 | | .2180 Mendon Roa | d, Suite 22 | | |
| City | State | Zip | *City | State | Zip | |
| Cumberland | RI | 02864 | .Cumberland | RI | 02864 | |
| 9. NAMES AND ADDRESS Director Name | SES OF THE DI | RECTORS ("X" BOX F | OR ATTACHMENT FILL IN S | PACES BEFORE USING | ATTACHMENTS | |
| Joanne M. Sutcliff | e | | • | | | |
| Street Address | | | · Street Address | | | |
| 2180 Mendon Road, | | | • | | | |
| City | State | Zip | •City | State | Zip | |
| Cumberland, | JRI | 02864 | • | | | |
| Director Nume | | | Director Nume | • • • • • • • • • • • • | •••••••• | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 10. SHARES AUTHORIZE | D WYR DOY DO | | | | | |
| AUTHORIZED SHARES | D CX BOX FOR | (ATTACHMENT) | 11. SHARES ISSUED ("X | BOX FOR ATTACHMEN | | |
| Number of Shares | Class/Series | Par Value | ISSUED SHARES Number of Shares | | | |
| | Citationia | 1 as value | Numner of Shares | Class/Series | Par Volue | |
| 100 COMM NO PAR VA | LUE | | 100 | Common | No Par Value | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| This report must be signed | d in ink by eith | er the President Vice | e President, Secretary, Assis | tont Socretary Tor | I Provide to the second | |
| , | - vii viiii oy cii/, | er me i residem, rice | e i resident, secretary, Assis | tani secretary, Treasi | irer, Receiver or Trustee | |
| II 1880 000 000 | | | | | | |
| | | | | | | |
| | | | | | | |
| 7 5 5 | 8 5 | | Under penalty of peri | ury, I declare and affirm | that I have examined | |
| <u> </u> | | | this report, including | any accompanying sched | ules and statements | |
| *75585 DBC 02/09/04 0 |)1:14:14 PM* | | and that all statement | s contained herein are tru | e and correct. | |
| File Date 3 () | .Ou | | 1 1 | / | . / / | |
| 7117 Date 171 | <u> </u> | - | Chillman m | . Juliet / | , -3/18/04 | |
| Check No. 3991 | 47 | | Signature of Officer | Signature of Officer / Date | | |
| . 7 | | - | _ banne | M. Sutc | liffe | |
| $B_{Y:}$ |) | 1 | Print or Type Name of C | Officer | | |
| FOR SECRETARY OF STATE (| HEE ONEY | - | (12.4) | ii. 1 | | |
| | OSE ONLY | | Title of Officer | exious. | Form 630 1" | |

Edward S. Inman, III, Secretary of St Corporations Divin 100 North Main Street, Providence, RI 02903-13. 401-222-30

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PROFIT CORPORATION **う**りりょ

| Filing Period: January 1 | -March 1 • Fi | IN IN UAL REP ling fee: \$50.00 | ORT FOR TH | E YEAR | FILASI REAL |
|--|---|---|---|---|--------------|
| (FORM MUST BE TYPED OR PRINTED 1. Corporate ID No. 75585 | IN BLACK) 2. Name of Corporation A-1 COURT RE | PORTERS, INC. | | | INSTRUCTION |
| 3. Street Address Principal Business Off 2180 Mendon Roa 4. Business Phone No. (401) 333-3381 7. Brief Description of the Character of Ortings, stenogr. 8. NAMES AND ADDRESSE President Name | nce d, Suite 22 Business Conducted in Rho aphy & all S OF THE OFFICE | 5. State of Incorporation RHODE ISLAND ode Island to condu | es related the | RI the business of the connect to the business of the connect to | ed therewith |
| JoAnne M. Sutcl Street Address 2180 Mendon Roas | | | JoAnne M. Si | utcliffe Road, Suite 22 |) |
| Cumberland Secretary Name Joanne M. Sutcl: | RI iffe | 02864 | City Cumberland Treasurer Name JoAnneM. Sut | State RI | zip 02864 |
| 2180 Mendon Road | State RI | 21p 02864 | Cumberland | Road, Suite 22 | zıp 02864 |
| 9. NAMES AND ADDRESSES Director Name JOAnne M. Sutcli | iffe | UK\$ ("X" BOX FOR ATTAC | HMENT) FILL IN SPACE Director Name Street Address | S BEFORE USING ATTACH | RMENTS |
| 2180 Mendon Road City Cumberland Director Name | l, Suite 22 State RI | ^{Zip} 02864 | City Director Name | State | Zip |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED (*AUTHORIZED SHARES | X* BOX FOR ATTACHM | ENT) | 11. SHARES ISSUED (*) | X* BOX FOR ATTACHMENT) . | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 COMM NO PAR VALUE | | | 100 | Common | No par valu |

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

| | * 7 5 5 8 5 * |
|---------------|-------------------|
| File Date: | 100.03 |
| Check No.: | 39370 |
| Ву: | 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.

Signature of Offices

JoAnne M. Sutcliffe Print or Type Name of Officer

President Title of Officer

€ 5

Form 630 12/02

Edward S. Inman, III, Secretary of Sta Corporations Divinie 100 North Main Street, Providence, RI 02903-135

401-222-304

CONTRACTOR OF THE PROPERTY OF

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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|--|------------------------------------|------------------------------|------------------------------|-----------------------------------|----------------------------|
| 1. Corporate ID No. | 2. Name of Corporat | ıım | | | |
| 75585 3 Street Address Principal Busin | A-1 COUR | T REPORTERS, | INC. | State | 7.5 |
| 2180 Mendon Ro | oad, Suite 2 | 2 5 State of Incorporat | Cumberland | RI | Zep 02864 6 SIC Code |
| (401) 333-3383 7. Brief Description of the Chara | l cter of Business Conducted in | Rhode Isl | and onduct & carry on | the business | 7054 |
| portings, ster 8. NAMES AND ADDR. President Name | nography & a | rr arried se | ervices related t | hereto & con BEFORE USING AITA | nected therewit |
| JoAnne M. Suto | cliffe | | JoAnne M. Sut | cliffe | |
| 2180 Mendon Ro | oad, Suite 2 | Z _{1p} | 2180 Mendon R | oad, Suite 2 | 2 |
| Cumberland Secretary Name | RI | 02864 | Cumberland Treasurer Name | RI | 02864 |
| JoAnne M. Suto | cliffe | | JoAnne M. Sut | cliffe | |
| 2180 Mendon Ro | oad, Suite 2: | <u>Zip</u> | 2180 Mendon R | oad, Suite 2 | |
| Cumberland 9. NAMES AND ADDRE | RI ESSES OF THE DIRE | 02864 CTORS ("x" BOX FOR. | | RI es before using at | 02864 TACHMENTS |
| JoAnne M. Suto | cliffe | | Director Name Miect Address | | |
| 2180 Mendon Ro | oad, Suite 22 | Zip | City | State | Zip |
| Cumberland Director Name | RI | 02864 | Director Name | " | , |
| Street Address | | | Street Address | | |
| Cuy | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZ AUTHORIZED SHARES | ED ("x" box for attac | CHMENT) | 11. SHARES ISSUED (*) | X" BOX FOR ATTACHMEN | it) |
| Number of Shares | Class/Scnes | 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

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| ile Date: | _AUG 3 0 2002 |
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| Theck No | BKCN 290626 |
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FOR SECRETARY OF STATE USE ONLY

100 SHS COMM NO PAR VALUE

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.

Common

JoAnne M. Sutcliffe Print or Type Name of Officer

President Title of Officer

No par valu-



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

Corporations Divis 100 North Main Street, Providence, RI 02903-1 401-222-31

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

| (FORM MUST BE TYPED IN BLAC | (K) | | | | 1251801.1101 |
|--|---------------------------|--|---------------------------|----------------------------------|---------------------|
| 1. Corporate ID No. | 2 Name of Corporatio | n | | | |
| 75585 | A-1 COURT | REPORTERS, INC. | | | |
| 3. Street Address Principal Business O | ffice | | City | State | Zip |
| 357 Putnam Pike | | | Smithfield | RI | 02917 |
| 4 Business Phone No (401) 231-8860 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 7856 |
| 7 Brief Description of the Character o | f Business Conducted in F | Unode Island to condu | 0 t | | 7030 |
| 7 Brief Description of the Character of Protings, stenos | graphy & al | l allied corre | ices related the | e business o | f court re- |
| 8. NAMES AND ADDRESSI | ES OF THE OFFICE | FRS ("X" ROY FOR ATTACH | res letaten füe | rerock conne | cted therewi |
| President Name | | DIGG A BOX TOR WITHOUT | Vice President Name | FORE USING ATTACH! | MENTS |
| JoAnne M. Sutcl: | iffe | | JoAnne M. Sutcl | iffe | |
| 357 Putnam Pike | | | | | |
| City City | State | Zip | 357 Putnam Pike | State | Zıp |
| Smithfield Secretary Name | RI | 02917 | Smithfield Treasurer Name | RI | 02917 |
| JoAnne M. Sutcli | iffa | | | <u>-</u> | 02717 |
| Street Address | LLIC | | JoAnne M. Sutcl | itte | |
| 357 Putnam Pike | | | 357 Putnam Pike | | |
| City | State | Zip | City City | C | |
| Smithfield | RI | 02917 | Smithfield | State RI | 02917 |
| 9. NAMES AND ADDRESSE | S OF THE DIRECT | | | EFORE USING ATTACI | |
| Director Name | | | Director Name | CFORE USING ATTAC | MEN15 |
| JoAnne M. Sutcli | lffe | | | | |
| Street Address | | | Street Address | | |
| 357 Putnam Pike | | | • | | |
| City Contable for 1 1 | State | Zip | City | State | Zip |
| Smithfield Ducctor Name | RI | 02917 | | | |
| The contract of the contract o | | | Director Name | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED | ("X" BOX FOR ATTACH | MENT) | 11. SHARES ISSUED ("X" B | OV PAR ASSESSMENT AND ASSESSMENT | |
| AUTHORIZED SHARES | | | ISSUED SHARES | OX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 SHS COMM NO P | AR VALUE | | 100 | Common | No par valu |
| | | | | | |

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



| File Date. | 3-30-01 | |
|------------|--|------|
| Check No. | 3 459 | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |

Frint or Type Name of Officer

<u>PRESIDEN</u>T

Synature of Officer 7 JoAnne M. Sutcliffe

Title of Officer

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.

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of S Corporations Divi: 100 North Main Street, Providence, RI 02903-1 401-222-3

PROFIT COPPODATION

| Filing Period: Janua | ry 1-March 1 | N ANNUAL I Filing Fce: \$50.0 | REPORT FOR TH | E YEAR ZU | JUO 111 W 10 |
|---|--|--|--|---------------------------|-------------------|
| (FORM MUST BE TYPED IN | BLACK) | | | | |
| 1. Corporate ID No. | 2. Name of Co | prporation | | | |
| 75585 | A-1 COL | JRT REPORTERS, IN | ic. | | |
| 3. Street Address Principal Busin | ness Office | <u>-</u> | City | State | Zip |
| 357 Putnam Pi | .ke | | Smithfield | RI | 02917 |
| 4. Business Phone No. | | 5. State of Incorpora | ation | | 6. SIC Code |
| (401) 231-886 | | RHODE ISL | | | 7856 |
| 7. Brief Description of the Chara portings, ste | ecter of Business Conductions of Con | sted in Rhode Island to co and all allied | onduct and carry of services related | on the busi I there to | ness of court r |
| 8. NAMES AND ADDR President Name | ESSES OF THE (| OFFICERS ("X" BOX FOR A | TTACHMENT) FILL IN SPACES Vice President Name | BEFORE USING AT | TACHMENTS therewi |
| JoAnne M. Sut | cliffe | | JoAnne M. Sut | cliffe | |
| Street Address | | | Street Address | | |
| 357 Putnam Pi | .ke | | 357 Putnam Pi | .ke | |
| City | State | Zip | City | State | Zip |
| Smithfield | RI | 02917 | Smithfield | RI | 02917 |
| Secretary Name | | | Treasurer Name | | |
| JoAnne M. Sut | cliffe | | JoAnne M. Sut | cliffe | |
| Street Address | • | | Street Address | | |
| 357 Putnam Pi | ke | | 357 Putnam Pi | .ke | |
| City | State | ZIp | City | State | ZIp |
| Smithfield | RI | 02917 | Smithfield | RI | 02917 |
| 9. NAMES AND ADDR | ESSES OF THE D | DIRECTORS (*X* BOX FOR | ATTACHMENT) FILL IN SPACE | ES BEFORE USING . | ATTACHMENTS |
| JoAnne M. Sut | -1:EE- | | Director Name | | |
| Street Address | Cliffe | | | | |
| 357 Putnam Pi | 100 | | Street Address | | |
| City | State | • | | | |
| Smithfield | RI | zιρ 02917 | City | State | Zip |
| Director Name | KI | 0291/ | | | |
| Director (tang | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZ | LED ("X" BOX FOR | ATTACHMENT) | 11. SHARES ISSUED (* | 'X° BOX FOR ATTACHA | 4ENT) |

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

ISSUED SHARES

100

Number of Shares

| * 7 5 5 8 5 * |
|--------------------|
| File Date: 2 AT/OU |
| Check No.: 3775 |
| By: |

100 SHS COMM NO PAR VALUE

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

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.

Class/Series

Common

Par Value

no par valu

JoAnne M. Sutcliffe Print or Type Name of Officer

PRESIDENT Title of Officer



James R. Langevin, Secretary of S. Corporations Divi. 100 North Main Street, Providence, RI 02903-1 401-222-3

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 ID No. 2. Name of Corporation
A-1 COURT REPORTERS, INC. 75585 3. Street Address Principal Business Office City State Zip 357 Putnam Pike Smithfield RI 02917 C Code **7858** (401) 231-8860
7. Brief Description of the Character of Business Conducted in Rhode Island to conduct and carry on the business of court reporting, stenography and all allied services related there to and connected 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name JoAnne M Sutcliffe JoAnne M Sutcliffe Street Address Street Address 357 Putnam Pike 357 Putnam Pike State ZIp State Zip Smithfield RΙ 02917 Smithfield 02917 RΙ Secretary Name Treasurer Name JoAnne M. Sutcliffe JoAnne M. Sutcliffe Street Address Street Address 357 Putnam Pike 357 PutnamiPike City State Zip · City ZID Smithfield RI 02917 Smithfield RΙ 02917 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JoAnne M. Sutcliffe Street Address Street Address 357 Putnam Pike State Zip State Zip Smithfield RI 02917 Director Name Director Name Street Address Street Address Cin State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARPS ISSUED SHARES Number of Shares Class/Series Par Value * Number of Shares Class/Series Par Value 100 SHS COMM NO PAR VALUE 100 common par valu This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste-

| | * 7 5 5 8 5 * |
|--------------|----------------------|
| rus Data | 3.1.99 |
| File Date: | 3117 |
| Check No.: | UD |
| FOR SECRETAL | RY 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.

| | Wir. | utelit Le | 2/14 | 199 |
|----------------------|------|-----------|------|-----|
| Signature of Officer | | Date | | |

JoAnne M. Sutcliffe Print or Type Name of Officer

President Title of Officer

ANNUAL MEETING OF DIRECTORS

A-1 COURT REPORTERS, INC. Held: February 5, 1999

The annual meeting of the Board of Directors was held immediately after the meeting of the Stockholders in accordance with the provisions of the By-Laws.

All of the Directors were present.

Upon motion duly made and seconded, it was unanimously

VOTED:

That all acts and doings of the officers of said corporation on behalf of and in the name of said corporation be adopted, ratified, confirmed and approved as the acts and doings of this corporation.

There being no further business to come before the meeting, it was unanimously

VOTED:

To adjourn.

ADJOURNED:

A TRUE RECORD, ATTEST:

Jane m. Sutsliffe. Secretary

ANNUAL MEETING OF MEMBERS

A-1 COURT REPORTERS, INC. Held: February 5, 1999

The President presided over the meeting.

All the Stockholders were present.

Upon motion duly made and seconded, it was unanimously

VOTED:

To proceed with the election of officers and directors. A ballot was then taken and the following persons were elected to the following offices to serve until the next annual meeting or until their successors are duly elected and qualified.

President:

JoAnne M. Sutcliffe

Vice President:

JoAnne M. Sutcliffe

Secretary:

JoAnne M. Sutcliffe

Treasurer:

JoAnne M. Sutcliffe

Director:

JoAnne M. Sutcliffe

There being no further business to come before the meeting, it was unanimously **VOTED:**

To adjourn.

ADJOURNED:

A TRUE RECORD, ATTEST:

Secretary Succeeding

James R. Langevin, Secretary of Si Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-277-31

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. | 2. Name of Carporation | 14 | | | |
|--|---|---|---|--------------------------|-------------------------------|
| 75585 | • | REPORTERS, INC | | | |
| 3. Street Address Principal Busines | s Office | neroniens, ilijo | • City | State | Zip |
| 357 Putnam 4. Business Phone No. | Pike | 5. State of Incorporation | Smithfield | RI | 02917 |
| (401)231-8 7. Brief Description of the Characte reporting, | 860 er of Business Conducted in . stenography | RHODE ISLA Rhode Island and aff aff | ND Pdugt _s andicarry e | n _t the busin | 6. SIC Code 7856 ess of court |
| 8. NAMES AND ADDRES | | | ACHMENT) | cted therewi | th. |
| JoAnne M. Street Address | Sutcliffe | | Vice President Name JoAnnne M. St Street Address | utcliffe | |
| cuy 357 Putnam | Pike State | Zip | 357 Outnam | Pike State | 7ia |
| Smithfield Secretary Name | RI | 02917 | Smithfield Treasurer Name | RI | 02917 |
| JoAnne M. Street Address | Sutcliffe | | JoAnne M. Su | ıtcliffe | |
| 357 Outnam | Pike State | Zip | 357: Putmem I | | |
| Smithfield 9. NAMES AND ADDRES Director Name | RI SSES OF THE DIREC | 02917 | Smithfield TTACHMENT) | State RI | 02917 |
| JoAnne M. Street Address | Sutcliffe | | Director Name Street Address | | |
| 357 Putnam | State | Zip | City | State | Zip |
| Smithfield Director Name | RI | 02917 | Director Name | •• | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZE AUTHORIZED SHARES | D ("X" BOX FOR ATTAC | HMENT) | 11. SHARES ISSUED (*) | K* BOX FOR ATTACHMEN | IT) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 SHS COMM NO | PAR VALUE | | 100 | common | no par val |
| his report must be sign | cd in ink by either | the President, Vice | President, Secretary, Assis | tant Secretary, Treas | surer, Receiver or Trusti |
| _ | • | , 7.66 | | with occiding, 116a: | outer, Receiver or Itu: |

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| ile Date: 5 | -11-98 | |
| Sheck No.: | 36097 | |
| ју: | AMF | |
| OR SECRETARY OF S | TATE 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 hejeln are true and correct.

Dring Sm Signature of Officer

JOEANNE M. SUTCLIFFE

PRESIDENT

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

75585

A-1 COURT REPORTERS, INC.

3. Street Address Principal Business Office 357 Putnam Pike

City Smithfield

State RI 02917

4. Business Phone No. (401) 231-8860 5. State of Incorporation RHODE ISLAND

02917

6. SIC Code

7856

7. Brief Description of the Character of Business Conducted in Rhode Island to conduct and carry on the business of court reporting, stenography and all allied services related thereto and connected therewith.

| 3. | NAMES | AND | ADDRESSES | OF | THE | OFFICERS | (*X* | BOX FOR | ATTACHMENT |
|----|--------------|-----|------------------|----|-----|-----------------|------|---------|------------|
| | | | | | | | | | |

President Name JoAnne M. Sutcliffe Vice President Name

JoAnne M. Sutcliffe

Street Address

Street Address

357 Putnam Pike

City

357 Putnam Pik∈

State Zip

Smithfield

Smithfield

RI

02917

Secretary Name

Street Address

JcAnne M. Sutcliffe

Treasurer Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

357 Putnam Pike City

State

State

RI

Zip

Smithfield

RI

State

02917

Smithfield RI UZ91/
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

JcAnne M. Sutcliffe

Street Address

Street Address

Director Name

357 Putnam Pike

City

State

210

Zip

City

State

Zip

Zip

Smithfield Director Name

RI

02917

Director Name

Street Address

Street Address

City

State

210

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 SHS COMM NO PAR VALUE

100

common

no par value

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



Y OF STATE USE ONLY

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

JO ANNE M. SUTCLIFFE

Print or Type Name of Officer President

Title of Officer



ROFIT CORPORATION ANNUAL REPORT

1996



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

100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-30

Filing Period: January 1-March 1 Filing Fee: \$50.00 RECEIVED JAN 2 2 1996

| 1, CORPORATE ID NO. | 2. NAME OF CORPORATIO | | PRINT IN BLACK INK. | | |
|---|---------------------------|--|---|---------------------------------------|---|
| 75585 | i A-1 | COURT REPORTERS, | INC | | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFIC | <u> </u> | COURT REPORTERS, | inc. | STATE | 73° COOE |
| 357 Putnam Pi | ke | | Smithfield | RI | • |
| 4. BUSINESS PHONE NO | | 5. STATE OF INCORPORATION | Diff Chile 10 | | 02917 |
| | | RHODE I | SLAND | | • |
| 231-8860 7. BREE DESCRIPTION OF THE CHARACTER OF BU | | 1 | | | 7856 |
| | | | of court report: | · | 1 2 2 |
| allied service | $s_related$ | thereto and o | connected therew | ing, stenogi i+h | rapny and all |
| PRESIDENT NAME | 8 . N | AMES AND ADDE | ESSES OF THE OF | FICERS | |
| JoAnne M. Sutcl: | iffo | | VICE PRESIDENT NAME | | |
| STREET ADDRESS | <u> </u> | | JoAnne M. Su | ıtcliffe | ······································ |
| 357 · Putnam Pil | ke | | 357 Putnar | n Pike | |
| ά τ Υ | STATE | ZP CODE | ary | STATE | ZP CODE |
| Smithfield | RI | 02917 | Smithfield | RI | 02917 |
| SECRETARY NAME | | | TREASURER NAME | | |
| Joanne M. Sutcl | iffe | | Joanne M. Su | tcliffe | |
| | _ | | 355 | | |
| 357 <u>Putnam Pi</u> | Ke | . 21P C00€ | Putnam | _Pike | ; ZIP COOE |
| Smithfield | RI | 02917 | Smithfield | | |
| | 9 . N | AMES AND ADDR | ESSES OF THE OFF | RIRIRI | 02917 |
| ORECTOR NAME | : | · ··- · · · | ORECTOR NAME | | |
| JoAnne. M. Sutcl | iffe | | | | |
| | | | STREET ADORESS | | |
| 357 Putnam Pi | Ke | ₹ 20° C00€ | ary | STATE | ZP C00€ |
| Smithfield | RI | 02917 | | | |
| DIRECTOR NAME | | | OFFECTOR NAME | | |
| | | | <u>)</u> | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| ary ————— | TSTATE | 7 ZP C00€ | ∢ στγ | STATE | ½₽ 000€ |
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| | '—————— 10. | SHARES AUTHOR | IZED AND ISSUED | | |
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| Presid | ا Ient Vice Pres | his report must be SIC ident. Secretary Accid | SNED IN INK by either the stant Secretary, Treasurer, I |) Popoliyor or Trusto | |
| 1 10310 | icitt, 1100 i 163 | ocht, Occietaly, Assis | stant Secretary, heasurer, i | neceiver or iruste | e |
| | | | Under penalty of | perjury, I declare and | affirm that I have examined th |
| | د م ا | | all statements cor | ntained herein are tṛue | edules and statements, and th and correct. |
| บนา | 412 | : | O_{n} | Sm W | T. 1 a |
| File Date: | 14 | | Signature of Office | er /// ruce | ey fl- |
| 331/ | 51 | | | | • / |
| Check No: | - , - , | , v | JOAnne _M_ Print or Type Nam | Sutcliffe_ | |
| li ▲ | [] [] | | · ····· • · · · · · · · · · · · · · · · | | |

For Secretary of State Use Only

By:

Title of Officer

President

Oate

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

ANNUAL REPORT

Please Type or Prii File Annually – Jan. 1 - March Filing Fee \$50.0

Make Checks Payable to: Secretary of Stat

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

| 0075585 Corporate ID: | | | . Annual Report for the year: | | | | |
|--------------------------|----------------------|-------------------|-------------------------------|---|---|--------------------|--|
| Name of Corporati | Δ | _1 COURT | REPORTERS, | • | | | |
| Business entity organi | ized under the laws | of the State of: | Rhode Island. | Business Entity is (| (check one): | | |
| For foreign entity, add | lress and telephone | number of prin | cipal office: | | poration (See RIGL Chapter 7-1.1) | | |
| | | | | Professional Service Corporation (See RIGL Chapter 7-5.1) | | | |
| | | | | | | | |
| Phone: () | | | | | the character of business conducted | | |
| Address and telephone | | | antin in Phode | | and carry on court re | | |
| Island (Provide street | | | citity in Knode | | and allied services re scripts, duplicating, | | |
| 303A Put | nam Pike | | | cyping-ciui | | | |
| Smithfie | ld, RI 0291 | 7 | | | | | |
| Phone: (_ 401) | 231=8860 | | | | | | |
| | | | THE NAMES OF 1 | THE OFFICERS ARE | • | | |
| PRESIDENT | | | STREET A | DORESS | CILY/STATE | ZIP CODI | |
| VICE PRESIDENT M. | Sutcliffe | | 303A Putn | <u>am Pike. S</u> mit <u>hfi</u> | eld, RI 02917 | | |
| | | | | | | ZIP CODI | |
| JoAnn M. | Sutcliffe | | 303A Putn | <u>am Pike, Smithfi</u> | eld, RI 02917 | ZIP CODI | |
| | Sutcliffe | | | am Pike, Smithfi | | zir com | |
| TREASURER | | | STREET A | | CITY:STATE | ZIP CODE | |
| JoAnn M. | Sutcliffe | | 303A Putn | am Pike, Smithfi | eld, RI 02917 | | |
| NAME | <u></u> | - - | THE NAMES OF T | HE DIRECTORS ARE | | | |
| | C | | STREET A | | CITY/STATE | ZIP CODE | |
| JOANN M. | <u>Sutcliffe</u> | - | STREET A | am Pike, Smithfi | CITY/STATE | ZIP CODE | |
| | | | | | •••• | | |
| NAME | | | SIREET A | DDRESS | CITY/STATE | ZIP CÕDE | |
| NUMBER OF SHARES | S AUTHORIZED (F | Cider may be atta | ched) | NUMBER OF SHARES | ISSUED AND OUTSTANDING (Ride | r may be attached) | |
| Number of Shares | Class | / Series | | Number of Shares | Class / Scries | · . | |
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| Date Dec | ember 29, | | 14 P. (| | 1,,,, | | |
| | | , 19 | By: $\frac{1}{\sqrt{g}}$ | JO ANN M. STUCLI | THE | | |
| | | | PRINT OR | TYPE NAME OF DEFICER SIGNING PYCS LOCAL | | | |
| Form 31 1/95 | <u> </u> | | | DEFICER SIGNING | | | |
| | | | | ENT FOR SERVICE | | | |
| PLEASE NOTE: If th | ie registered office | and/or register | ed agent indicated belo | w is incorrect, Form 9 mus | st be filed. | | |

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be file

JONATHAN F. OSTER 986 SMITHFIELD AVENUE LINCOLN RI 02865 13/330