



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Div
100 North Main St.
Providence, RI 02903-1
401 222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

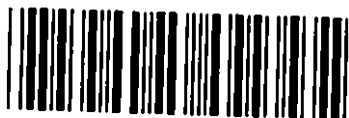
2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 86391		2. Name of Corporation Stanfield Corporation	
3. Street Address Principal Business Office 59 Kay Street		City Newport	State RI
4. Business Phone No. 401 848-5438		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE AND FINANCIAL INVESTMENTS.		6. SIC Code 7096	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DAVID DROOKER		Vice President Name	
Street Address 59 Kay Street		Street Address	
City Newport	State RI	City	State
Secretary Name Marina Drooker		Treasurer Name Marina Drooker	
Street Address Same		Street Address Same	
City	State	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name David Drooker		Director Name Marina Drooker	
Street Address Same		Street Address Same	
City	State	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
8,000 NO PAR VALUE			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
1000	Common	no par	

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



File Date	1-19-05
Check No.	1088
By	OK
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 DAVID S. DROOKER	Date 1-16-05
Print or Type Name of Officer DAVID S. DROOKER	
Title of Officer President	



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

Matthew A. Brown, Secretary of State

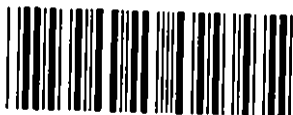
Corporations Division
100 North Main Street
Providence, RI 02903-1
401.222.3

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. 86391		2. Name of Corporation Stanfield Corporation		
3. Street Address Principal Business Office 59 KAY STREET		City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401 848-5438		5. State of Incorporation RHODE ISLAND		6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE AND FINANCIAL INVESTMENTS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DAVID DROOKER		Vice President Name		
Street Address 59 KAY ST		Street Address		
City Newport	State RI	Zip 02840	City	State
Secretary Name MARINA DROOKER		Treasurer Name MARINA DROOKER		
Street Address Same		Street Address Same		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DAVID DROOKER		Director Name marina Drooker		
Street Address Same		Street Address Same		
City	State	Zip	City	State
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
8,000 NO PAR VALUE			1000	Common
				no par

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



* 8 6 3 9 1 *

FILED

File Date
JAN 05 2004
Check No.
By 5109600

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
DAVID S. DROOKER
Date
1-2-04
Print or Type Name of Officer
President
Title of Officer



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

Edward S. Inman, III, Secretary
Corporations Division
100 North Main Street, Providence, RI 02903-12
401-222-3000



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. 86391
2. Name of Corporation Stanfield Corporation
3. Street Address Principal Business Office 59 Kay Street
City Newport State RI Zip 02840
4. Business Phone No. 401 848-5438
5. State of Incorporation RHODE ISLAND
6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island Lodging

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

President Name David Drooker
Street Address 59 Kay Street
City Newport State RI Zip 02840
Vice President Name NONE
Street Address
City State Zip
Secretary Name Marina Drooker
Street Address 59 Kay Street
City Newport State RI Zip 02840
Treasurer Name Marina Drooker
Street Address 59 Kay Street
City Newport State RI Zip 02840

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

Director Name David Drooker
Street Address See above
City State Zip
Director Name Marina Drooker
Street Address See above
City State Zip
Director Name
Street Address
City State Zip

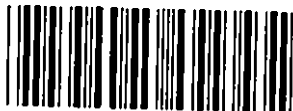
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 Common No par

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



* 8 6 3 9 1 *

File Date: 1-14-03
Check No.: 4791
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.

David S. Drooker 1-10-03
Signature of Officer Date

DAVID S. DROOKER
Print or Type Name of Officer

President
Title of Officer

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.

86391

2. Name of Corporation

Stanfield Corporation

3. Street Address Principal Business Office

59 Kay Street

City

Newport

State

RI

Zip

02840

4. Business Phone No.

401 848-5438

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7096

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

Real Estate / Lodging Facilities

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

David S. Drooker

Vice President Name

None

Street Address

59 KAY ST

Street Address

City

Newport

State

RI

Zip

02840

City

State

Zip

Secretary Name

Marina M. Drooker

Treasurer Name

Marina M. Drooker

Street Address

59 KAY ST

Street Address

59 KAY ST

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Marina M. Drooker

Director Name

David S. Drooker

Street Address

See above

Street Address

See above

City

State

Zip

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

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

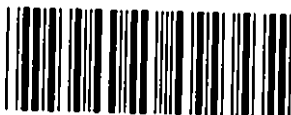
Par Value

1000

Common

no par

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



* 8 6 3 9 1 *

2-12-02

File Date:

Check No.: 4438

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.

David S. Drooker 1.19.01

Signature of Officer

Date

DAVID S. DROOKER

Print or Type Name of Officer

President

Title of Officer

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. **86391** 2. Name of Corporation
Stanfield Corporation

3. Street Address Principal Business Office
59 Kay Street

4. Business Phone No.
401 846-5000

5. State of Incorporation
RHODE ISLAND

City
Newport

State
RI

Zip
02840
6. SIC Code
7096

7. Brief Description of the Character of Business Conducted in Rhode Island
Lodging / Real Estate Investment

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

President Name
David S. Drooker

Street Address
59 Kay St

City
Newport State
RI Zip
02840

Secretary Name
Marina M. Drooker

Street Address
59 KAY ST

City
Newport State
RI Zip
02840

Vice President Name
Alisa F. Drooker

Street Address
59 Kay St

City
Newport State
RI Zip
02840

Treasurer Name
Marina M. Drooker

Street Address
59 Kay St

City
Newport State
RI Zip
02840

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

Director Name
David S. Drooker

Street Address
59 Kay St

City
Newport State
RI Zip
02840

Director Name
Marina M. Drooker

Street Address
59 Kay St

City
Newport State
RI Zip
02840

Director Name
none

Street Address

City State Zip

Director Name
none

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
8,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares 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



* 8 6 3 9 1 *

File Date: **1/9**

Check No.: **1730**

By: **David S. Drooker**

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.

David S. Drooker **1-6-01**
Signature of Officer Date

David S. Drooker
Print or Type Name of Officer

President
Title of Officer

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.

86391

2. Name of Corporation

Stanfield Corporation

3. Street Address Principal Business Office

59 Kay Street

City

Newport

State

RI

Zip

02840

4. Business Phone No.

401 846-5000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7096

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

Motels/Real Estate

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

President Name

David Drooker

Vice President Name

none

Street Address

59 Kay St

Street Address

City

Newport

State

RI

Zip

02840

City

State

Zip

Secretary Name

Marina Drooker

Treasurer Name

Marina Drooker

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

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

Director Name

David Drooker

Director Name

none

Street Address

59 Kay Street

Street Address

City

Newport

State

RI

Zip

02840

City

State

Zip

Director Name

Marina Drooker

Director Name

none

Street Address

59 Kay Street

Street Address

City

Newport

State

RI

Zip

02840

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

no par

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



* 8 6 3 9 1 *

File Date:

PAID 10.25

Check No.:

JAN 28 2000

By:

SECY OF STATE

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.

David S. Drooker

1.25.2000

Signature of Officer

Date

DAVID S. DROOKER

Print or Type Name of Officer

President

Title of Officer

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. **86391** 2. Name of Corporation **Stanfield Corporation**

3. Street Address Principal Business Office

59 KAY STREET

City

Newport

State

RI

Zip

02840

4. Business Phone No.

846-5000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7096

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

Motels, Real Estate

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

President Name

David S. Drooker

Vice President Name

none

Street Address

59 Kay Street

Street Address

City

Newport

State

RI

Zip

02840

City

State

Zip

Secretary Name

Marina M. Drooker

Treasurer Name

Marina M. Drooker

Street Address

59 Kay Street

Street Address

City

Newport

State

RI

Zip

02840

City

Same

State

Same

Zip

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

Director Name

none

Director Name

none

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

none

Director Name

none

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

8,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

one only

none

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



* 8 6 3 9 1 *

File Date: **Feb 5, 1999**

Check No.: **202**

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.

David S. Drooker **2.2.99**
Signature of Officer Date

DAVID S. DROOKER
Print or Type Name of Officer

President
Title of Officer

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 Corporation

86391

Stanfield Corporation

3. Street Address Principal Business Office

59 KAY ST

City

NEWPORT

State

RI

Zip

02840

4. Business Phone No.

846-5000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7098

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

Lodging / Hospitality

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

President Name

David Drooker

Vice President Name

Marina Drooker

Street Address

59 Kay St

Street Address

59 Kay St

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

Secretary Name

Marina Drooker

Treasurer Name

Marina Drooker

Street Address

59 Kay St

Street Address

59 Kay St

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

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

Director Name

David Drooker

Director Name

Marina Drooker

Street Address

See above

Street Address

See above.

City

State

Zip

City

State

Zip

Director Name

none

Director Name

none

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

8,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

no par value

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



* 8 6 3 9 1 *

File Date: 2/23/98

Check No.: 219

By: KID

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.

David S. Drooker 2-19-98
Signature of Officer Date

DAVID S. DROOKER
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86391** 2. Name of Corporation **Stanfield Corporation**
3. Street Address Principal Business Office **59 Kay Street** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **401-848-5438** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7096**

7. Brief Description of the Character of Business Conducted in Rhode Island
Real estate investment / Hotel operations

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

President Name David S. Drooker	Vice President Name none
Street Address 59 Kay Street	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name Marina M. Drooker	Treasurer Name Marina M. Drooker
Street Address 59 Kay St	Street Address 59 Kay St
City Newport State RI Zip 02840	City Newport State RI Zip 02840

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

Director Name Marina M. Drooker	Director Name David S. Drooker
Street Address see above	Street Address see above
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR VALUE			1,000	common	no par

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



File Date: **2/29/97**
Check No.: **1259**
By: **David S. Drooker**
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 **David S. Drooker** Date **2.7.97**
Print or Type Name of Officer **David S. Drooker**
Title of Officer **President**

PROFIT CORPORATION
ANNUAL REPORT

1996

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



State of Rhode Island and Providence Plantings
James A. Long, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-31

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 0686391 2. NAME OF CORPORATION

Stanfield Corporation

FED TAX 05-0487037

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

59 KAY ST

CITY

NEWPORT

STATE

RI

ZIP CODE

02840

4. BUSINESS PHONE NO.

848-5438

5. STATE OF INCORPORATION

RI

6. SIC CODE

7096

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Motel, Real Estate Investment

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

David Drooker

VICE PRESIDENT NAME

STREET ADDRESS

59 KAY ST

STREET ADDRESS

CITY

Newport

STATE

RI

ZIP CODE

02840

CITY

STATE

ZIP CODE

SECRETARY NAME

Marina Drooker

TREASURER NAME

STREET ADDRESS

Same

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

Same as above

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

DIRECTOR NAME

Same as above

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

8000

AUTHORIZED SHARES

CLASS / SERIES

A

PAR VALUE

- 0 -

NUMBER OF SHARES

1000

ISSUED SHARES

CLASS / SERIES

A

PAR VALUE

- NONE -

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.

David S. Drooker

Signature of Officer

DAVID S. DROOKER

Print or Type Name of Officer

President

Title of Officer

7.26.96

Date

FORM 31 12/95

File Date:

11/1/96

Check No:

167474

By:

KID

For Secretary of State Use Only