



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 IN BLACK)

1. Corporate ID No. 113394		2. Name of Corporation Event Services, Inc.			
3. Street Address Principal Business Office 1241 EAST MAIN STREET			City STAMFORD	State CT	Zip 06902-
4. Business Phone No. 2033528600		5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island EVENT PRODUCTION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Linda E. McMahon			Vice President Name Frank G Serpe		
Street Address 1241 East Main Street			Street Address 1241 East Main Street		
City Stamford	State CT	Zip 06902	City Stamford	State CT	Zip 06902
Secretary Name Edward L. Kaufman			Treasurer Name Frank G Serpe		
Street Address 1241 East Main Street			Street Address 1241 East Main Street		
City Stamford	State CT	Zip 06902	City Stamford	State CT	Zip 06902
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Linda E. McMahon			Director Name Edward L. Kaufman		
Street Address 1241 East Main Street			Street Address 1241 East Main Street		
City Stamford	State CT	Zip 06902	City Stamford	State CT	Zip 06902
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
100 COMM NO PAR VALUE			100	Comm	no value

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



1 1 3 3 9 4

113394 FBC 03/31/05 12:25:49 PM
FILED
File Date APR 08 2005
Check No. 0047242
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.

Frank G Serpe 4/8/05
Signature of Officer Date
Frank G Serpe
Print or Type Name of Officer
SVP, Finance
Title of Officer



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

15
Corporations Div.
100 North Main St
Providence, RI 02903-1
401.222.3

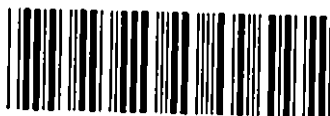
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113394		2. Name of Corporation Event Services, Inc.					
3. Street Address Principal Business Office 1241 East Main St		City Stamford		State CT		Zip 06902	
4. Business Phone No. 203-352-8600		5. State of Incorporation DELAWARE				6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island EVENT PRODUCTION SERVICES							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Philip B. Livingston				Vice President Name Frank G. Serpe			
Street Address 1241 East Main Street				Street Address 1241 East Main Street			
City Stamford		State CT		City Stamford		State CT	
Zip 06902		City Stamford		State CT		Zip 06902	
Secretary Name Edward Kaufman				Treasurer Name Frank G. Serpe			
Street Address 1241 East Main Street				Street Address 1241 East Main Street			
City Stamford		State CT		City Stamford		State CT	
Zip 06902		City Stamford		State CT		Zip 06902	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Philip B. Livingston				Director Name Frank G. Serpe			
Street Address 1241 East Main Street				Street Address 1241 East Main Street			
City Stamford		State CT		City Stamford		State CT	
Zip 06902		City Stamford		State CT		Zip 06902	
Director Name Edward Kaufman				Director Name			
Street Address 1241 East Main Street				Street Address			
City Stamford		State CT		City		State	
Zip 06902		City		State CT		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
AUTHORIZED SHARES							
Number of Shares		Class/Series		Par Value			
100 COMM NO PAR VALUE							
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
ISSUED SHARES							
Number of Shares		Class/Series		Par Value			
100		Common Stock		No Par			

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



* 1 1 3 3 9 4 *

File Date 3.1.04
Check No. 23889
By: 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.

Frank G. Serpe 2/20/04
Signature of Officer Date

Frank G. Serpe
Print or Type Name of Officer
Senior V. P. & CAO
Title of Officer



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 02903-1131
401-222-3600



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. **113394** 2. Name of Corporation **Event Services, Inc.**

3. Street Address Principal Business Office

1241 EAST MAIN STREET

4. Business Phone No.

203-352-8600

5. State of Incorporation

DELAWARE

City

STAMFORD

State

CT

Zip

06902

6. SIC Code

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

event and amusement services

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Frank Serpe

Street Address

1241 E MAIN STREET

City

STAMFORD

State

CT

Zip

06902

Secretary Name

Edward Kaufman

Street Address

1241 E MAIN STREET

City

State

CT

Zip

06902

STAMFORD

CT

06902

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Frank Serpe

Street Address

1241 E MAIN STREET

City

State

CT CT

Zip

06902

STAMFORD

CT CT

06902

Director Name

Edward Kaufman

Street Address

1241 E MAIN STREET

City

State

CT

Zip

06902

STAMFORD

CT

06902

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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 Trustee



* 1 1 3 3 9 4 *

File Date: **5-8-03**

Check No.: **2090**

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.

Signature of Officer **Frank G Serpe** Date **1/22/03**

Print or Type Name of Officer **Frank G Serpe**

Title of Officer **President**



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

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

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.

113394

2. Name of Corporation

Event Services, Inc.

3. Street Address Principal Business Office

1241 EAST MAIN STREET

4. Business Phone No.

203-352-8600

5. State of Incorporation
DELAWARE

City

STANFORD

State

CT

Zip

06902

6. SIC Code

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

AMUSEMENT AND EVENT SERVICES

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

AUGUST J. LIGUORI

Street Address

1241 EAST MAIN STREET

City

State

Zip

STAMFORD

CT

06902

Secretary Name

EDWARD KAUFMAN

Street Address

1241 EAST MAIN STREET

City

State

Zip

STAMFORD

CT

06902

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

AUGUST J. LIGUORI

Street Address

1241 EAST MAIN STREET

City

State

Zip

STAMFORD

CT

06902

Director Name

EDWARD KAUFMAN

Street Address

1241 EAST MAIN STREET

City

State

Zip

STAMFORD

CT

06902

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

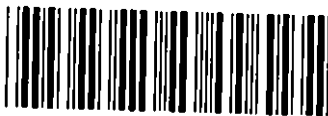
Class/Series

Par Value

100 Comm

-0-

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



* 1 1 3 3 9 4 *

File Date:

1-16-02

Check No.:

299252

By:

Frank G. Serpe

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.

Frank G. Serpe
Signature of Officer

1/10/02
Date

FRANK G. SERPE
Print or Type Name of Officer

SVP / CAO
Title of Officer



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

Corporations Divi.
100 North Main Street, Providence, RI 02903-1
401-222-3

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. 113394 2. Name of Corporation
Event Services, Inc.

3. Street Address Principal Business Office
1241 EAST MAIN STREET

City
STAMFORD

State
CT

Zip
06902

4. Business Phone No.
(203) 352-8600

5. State of Incorporation
DELAWARE

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
AMUSEMENT AND EVENT SERVICES

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

President Name

Vice President Name

AUGUST LIGUORI

FRANK SERPE

Street Address

Street Address

1241 E MAIN STREET

1241 E MAIN STREET

City

State

Zip

STAMFORD

CT

06902

City

State

Zip

STAMFORD

CT

06902

Secretary Name

Treasurer Name

EDWARD KAUFMAN

FRANK SERPE

Street Address

Street Address

1241 E MAIN STREET

1241 E MAIN STREET

City

State

Zip

STAMFORD

CT

06902

City

State

Zip

STAMFORD

CT

06902

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

Director Name

Director Name

AUGUST LIGUORI

FRANK SERPE

Street Address

Street Address

1241 E MAIN STREET

1241 E MAIN STREET

City

State

Zip

STAMFORD

CT

06902

City

State

Zip

STAMFORD

CT

06902

Director Name

Director Name

EDWARD KAUFMAN

Street Address

Street Address

1241 E MAIN STREET

City

State

Zip

STAMFORD

CT

06902

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

0

0

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



* 1 1 3 3 9 4 *

File Date:

5-31-01

Check No.:

278385

By:

2

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.

Frank G. Serpe
Signature of Officer

3/23/01
Date

FRANK G. SERPE

Print or Type Name of Officer

Frank G. Serpe

Title of Officer

Senior VP, Finance / CAO