



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. 88894  
2. Name of Corporation PC TROUBLESHOOTERS, INC.  
3. Street Address Principal Business Office 110 Jefferson Boulevard  
City Warwick State RI Zip 02888  
4. Business Phone No. 4013310196  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 7922  
7. Brief Description of the Character of Business Conducted in Rhode Island  
COMPUTER HARDWARE AND SOFTWARE SALES.

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

President Name Eric M. Shorr Street Address 110 Jefferson Boulevard City Warwick State RI Zip 02888	Vice President Name None Street Address  City State Zip
---	---

Secretary Name Eric M. Shorr Street Address 110 Jefferson Boulevard City Warwick State RI Zip 02888	Treasurer Name Eric M. Shorr Street Address 110 Jefferson Boulevard City Warwick State RI Zip 02888
---	---

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

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	Class/Series	Par Value
Number of Shares		
1,000	NO PAR VALUE	

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

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

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



8 8 8 9 4

\*88894 DBC 02/22/05 03:57:43 PM\*

File Date **FILED**

Check No. **FEB 28 2005** 5369

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.

Eric M. Shorr 2-24-05  
Signature of Officer Date  
Eric M. Shorr  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 88894  
 2. Name of Corporation: PC Troubleshooters, Inc.  
 3. Street Address Principal Business Office: 115 Cedar Street, Providence, RI 02903  
 4. Business Phone No: 401-331-0196  
 5. State of Incorporation: Rhode Island  
 6. SIC Code: 7922  
 7. Brief Description of the Character of Business Conducted in Rhode Island: COMPUTER HARDWARE AND SOFTWARE SALES

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

President Name: Eric M. Shorr, Vice President Name: None  
 Street Address: 115 Cedar Street, Street Address: None  
 City: Providence, State: RI, Zip: 02903, City: , State: , Zip:   
 Secretary Name: Eric M. Shorr, Treasurer Name: Eric M. Shorr  
 Street Address: 115 Cedar Street, Street Address: 115 Cedar Street  
 City: Providence, State: RI, Zip: 02903, City: Providence, State: RI, Zip: 02903

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) <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
1,000	NO PAR VALUE		100	Common	No Par

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



8 8 8 9 4

File Date: 2/23/04  
 Check No: 4451  
 By: SC  
 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: Eric M. Shorr, Date: 2/19/04  
 Print or Type Name of Officer: Eric M. Shorr  
 Title of Officer: President

**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. *88894*		2. Name of Corporation PC TROUBLESHOOTERS, INC.			
3. Street Address Principal Business Office 115 CEDAR STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4013310196		5. State of Incorporation RHODE ISLAND			6. SIC Code 7922
7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER HARDWARE AND SOFTWARE SALES.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS:</b>					
President Name Eric M. Shorr		Vice President Name None			
Street Address 115 Cedar Street		Street Address n/a			
City Providence	State RI	Zip 02903	City n/a	State n/a	Zip n/a
Secretary Name Eric M. Shorr		Treasurer Name Eric M. Shorr			
Street Address 115 Cedar Street		Street Address 115 Cedar Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS:</b>					
Director Name none		Director Name none			
Street Address n/a		Street Address n/a			
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
Director Name none		Director Name none			
Street Address n/a		Street Address n/a			
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	common	no par

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



\*88894 DBC1/27/031:49:31 PM\*

File Date 3/31/03

Check No. 3703

By: ES

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.

Eric M. Shorr 2/27/03  
Signature of Officer Date  
Eric M. Shorr  
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. **88894** 2. Name of Corporation **PC TROUBLESHOOTERS, INC.**  
3. Street Address Principal Business Office **115 Cedar Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **331-0196** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**  
7. Brief Description of the Character of Business Conducted **computer hardware & software sales, supplies & consulting**

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

President Name	<b>Eric M. Shorr</b>	Vice President Name	<b>none</b>
Street Address	<b>115 Cedar Street</b>	Street Address	<b>N/A</b>
City	<b>Providence</b>	City	<b>N/A</b>
State	<b>RI</b>	State	<b>N/A</b>
Zip	<b>02903</b>	Zip	<b>N/A</b>
Secretary Name	<b>Eric M. Shorr</b>	Treasurer Name	<b>Eric M. Shorr</b>
Street Address	<b>115 Cedar Street</b>	Street Address	<b>115 Cedar Street</b>
City	<b>Wakefield</b>	City	<b>Providence</b>
State	<b>RI</b>	State	<b>RI</b>
Zip	<b>02879</b>	Zip	<b>02903</b>

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

Director Name	<b>N/A</b>	Director Name	<b>N/A</b>
Street Address	<b>none</b>	Street Address	<b>none</b>
City	<b>N/A</b>	City	<b>N/A</b>
State	<b>N/A</b>	State	<b>N/A</b>
Zip	<b>N/A</b>	Zip	<b>N/A</b>
Director Name	<b>N/A</b>	Director Name	<b>N/A</b>
Street Address	<b>none</b>	Street Address	<b>none</b>
City	<b>N/A</b>	City	<b>N/A</b>
State	<b>N/A</b>	State	<b>N/A</b>
Zip	<b>N/A</b>	Zip	<b>N/A</b>

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

Number of Shares	<b>1,000</b>	Class/Series	<b>NO PAR VALUE</b>
------------------	--------------	--------------	---------------------

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

Number of Shares	<b>100</b>	Class/Series	<b>common</b>	Par Value	<b>no par</b>
------------------	------------	--------------	---------------	-----------	---------------

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.

*Eric M. Shorr*

Signature of Officer \_\_\_\_\_ Date **2/22/02**

Print or Type Name of Officer **Eric M. Shorr**

Title of Officer **President**

File Date: **3-12-02**

Check No.: **2992**

By: **KMC**

FOR SECRETARY OF STATE USE ONLY

**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. **88894** 2. Name of Corporation **PC TROUBLESHOOTERS, INC.**  
3. Street Address Principal Business Office **115 Cedar Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **331-0196** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**  
7. Brief Description of the Character of Business Conducted by the Corporation **computer hardware & software sales, supplies & consulting**

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

President Name	<b>Eric M. Shorr</b>	Vice President Name	<b>none</b>
Street Address	<b>115 Cedar Street</b>	Street Address	<b>N/A</b>
City	<b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City	<b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>
Secretary Name	<b>Eric M. Shorr</b>	Treasurer Name	<b>Eric M. Shorr</b>
Street Address	<b>115 Cedar Street</b>	Street Address	<b>115 Cedar Street</b>
City	<b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City	<b>Providence</b> State <b>RI</b> Zip <b>02903</b>

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

Director Name	<b>none</b>	Director Name	<b>none</b>
Street Address	<b>N/A</b>	Street Address	<b>N/A</b>
City	<b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>	City	<b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>
Director Name	<b>none</b>	Director Name	<b>none</b>
Street Address	<b>N/A</b>	Street Address	<b>N/A</b>
City	<b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>	City	<b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common no par**  
**N/A N/A N/A**

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



\* 8 8 8 9 4 \*

File Date: 3/5  
Check No.: 2279  
By: [Signature]

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] 2/21/01  
Signature of Officer Eric M. Shorr Date  
Print or Type Name of Officer  
[Signature]  
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 **88894** 2. Name of Corporation **PC TROUBLESHOOTERS, INC.**  
3. Street Address Principal Business Office **1220 Kingstown Road** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No **782-0137** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**computer hardware & software sales, supplies & consulting**

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

President Name	Eric M. Shorr	Vice President Name	none
Street Address	1220 Kingstown Road	Street Address	N/A
City	Wakefield	City	N/A
State	RI	State	N/A
Zip	02879	Zip	N/A
Secretary Name	Eric M. Shorr	Treasurer Name	Eric M. Shorr
Street Address	1220 Kingstown Road	Street Address	1220 Kingstown Road
City	Wakefield	City	Wakefield
State	RI	State	RI
Zip	02879	Zip	02879

**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	N/A	Street Address	N/A
City	N/A	City	N/A
State	N/A	State	N/A
Zip	N/A	Zip	N/A
Director Name	none	Director Name	none
Street Address	N/A	Street Address	N/A
City	N/A	City	N/A
State	N/A	State	N/A
Zip	N/A	Zip	N/A

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 common no par  
N/A N/A N/A

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



\* 8 8 8 9 4 \*

File Date: 1/12/00  
1402  
Check No: \_\_\_\_\_  
By: Cu

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.  
Eric M. Shorr 1/3/00  
Signature of Officer Date  
Eric M. Shorr  
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. **88894** 2. Name of Corporation **PC TROUBLESHOOTERS, INC.**  
3. Street Address Principal Business Office **1220 Kingstown Road** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **782-0137** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**  
7. Brief Description of the Character of Business Conducted in Rhode Island **computer hardware & software sales, supplies & consulting**

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

President Name	Eric M. Shorr	Vice President Name	none
Street Address	1220 Kingstown Road	Street Address	N/A
City	Wakefield	City	N/A
State	RI	State	N/A
Zip	02879	Zip	N/A
Secretary Name	Eric M. Shorr	Treasurer Name	Eric M. Shorr
Street Address	1220 Kingstown Road	Street Address	1220 Kingstown Road
City	Wakefield	City	Wakefield
State	RI	State	RI
Zip	02879	Zip	02879

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	N/A	Street Address	N/A
City	N/A	City	N/A
State	N/A	State	N/A
Zip	N/A	Zip	N/A
Director Name	none	Director Name	none
Street Address	N/A	Street Address	N/A
City	N/A	City	N/A
State	N/A	State	N/A
Zip	N/A	Zip	N/A

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

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE		

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

Number of Shares	Class/Series	Par Value
100	common	no par
N/A	N/A	N/A

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



File Date: Feb 22, 99  
Check No.: 2953  
By: [Signature]

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] 2/10/99  
Signature of Officer Date

Eric M. Shorr  
Print or Type Name of Officer

President  
Title of Officer



616-0208

**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. **88894** 2. Name of Corporation **PC TROUBLESHOOTERS, INC.**  
3. Street Address Principal Business Office  
**1220 Kingstown Road** City **Peace Dale** State **RI** Zip **02879**  
4. Business Phone No. **782-0137** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7322**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer hardware & software sales, supplies & consulting**

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

President Name <b>Eric M. Shorr</b>	Vice President Name <b>None</b>
Street Address <b>1220 Kingstown Road</b>	Street Address <b>None</b>
City <b>Peace Dale</b> State <b>RI</b> Zip <b>02879</b>	City <b>Peace Dale</b> State <b>RI</b> Zip <b>02879</b>
Secretary Name <b>Eric M. Shorr</b>	Treasurer Name <b>Eric M. Shorr</b>
Street Address <b>1220 Kingstown Road</b>	Street Address <b>1220 Kingstown Road</b>
City <b>Peace Dale</b> State <b>RI</b> Zip <b>02879</b>	City <b>Peace Dale</b> State <b>RI</b> Zip <b>02879</b>

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

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 shares 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: 3/12/98  
Check No.: 1927  
By: GAA

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: Eric M. Shorr Date: 3/10/98  
Print or Type Name of Officer: Eric M. Shorr  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT 1997**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

3-3-97



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88894** 2. Name of Corporation **PC TROUBLESHOOTERS, INC.**  
3. Street Address Principal Business Office **1220 Kingstown Road** City **Peace Dale** State **RI** Zip **02883**  
4. Business Phone No. **782-0137** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer hardware & software sales, supplies & consulting**

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

President Name <b>Eric M. Shorr</b>	Vice President Name <b>None</b>
Street Address <b>1220 Kingstown Road</b>	Street Address <b>None</b>
City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>
Secretary Name <b>Eric M. Shorr</b>	Treasurer Name <b>None</b>
Street Address <b>1220 Kingstown Road</b>	Street Address <b>Eric M. Shorr</b>
City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>	City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>

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

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>1,000 SHS NO PAR VALUE</b> Common	<b>100 shares</b> 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: 3-3-97  
Check No.: 1333  
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] 2/17/97  
Signature of Officer Date  
**Eric M. Shorr**  
Print or Type Name of Officer  
**President**  
Title of Officer