



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. 90997		2. Name of Corporation Construction Management & Builders, Inc.			
3. Street Address Principal Business Office 6 Kimball Lane			City Lynnfield	State MA	Zip 01940
4. Business Phone No. (781)246-9400		5. State of Incorporation MASSACHUSETTS			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF BUILDING, CONSTRUCTION, CONSTRUCTION MANAGEMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin G. Puopolo			Vice President Name		
Street Address 6 Kimball Lane			Street Address		
City Lynnfield	State MA	Zip 01940	City	State	Zip
Secretary Name David R. Sullivan			Treasurer Name Margaret A. Puopolo		
Street Address 111 Huntington Avenue			Street Address 6 Kimball Lane		
City Boston	State MA	Zip 02199	City Lynnfield	State MA	Zip 01940
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin G. Puopolo			Director Name Margaret A. Puopolo		
Street Address 6 Kimball Lane			Street Address 6 Kimball Lane		
City Lynnfield	State MA	Zip 01940	City Lynnfield	State MA	Zip 01940
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
200,000 NO PAR VALUE			200	Common	No Par

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



90997

File Date	FILED	37154
Check No.	MAR 07 2005	
By:		
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: Kevin G. Puopolo Date: 3/4/05
Print or Type Name of Officer: Kevin G. Puopolo
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 02903-1335
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. 90997		2. Name of Corporation Construction Management & Builders, Inc.			
3. Street Address Principal Business Office 6 Kimball Lane		City Lynnfield	State MA	Zip 01940	
4. Business Phone No. 781-246-9400		5. State of Incorporation MASSACHUSETTS			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF BUILDING, CONSTRUCTION, CONSTRUCTION MANAGEMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin G. Puopolo			Vice President Name		
Street Address 6 Kimball Lane			Street Address		
City Lynnfield	State MA	Zip 01940	City	State	Zip
Secretary Name David R. Sullivan			Treasurer Name Margaret A. Puopolo		
Street Address 111 Huntington Avenue			Street Address 6 Kimball Lane		
City Boston	State MA	Zip 02199	City Lynnfield	State MA	Zip 01940
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin G. Puopolo			Director Name Margaret A. Puopolo		
Street Address 6 Kimball Lane			Street Address 6 Kimball Lane		
City Lynnfield	State MA	Zip 01940	City Lynnfield	State MA	Zip 01940
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
200,000 NO PAR VALUE			200	Common	No Par

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



* 9 0 9 9 7 *

File Date	8.27.04
Check No.	34008
By:	lcp
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
Kevin G. Puopolo
Print or Type Name of Officer
President
Date
2/23/04
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 02903-1335
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 OR PRINTED IN BLACK)

1. Corporate ID No. 90997 2. Name of Corporation Construction Management & Builders, Inc.
3. Street Address Principal Business Office 121 CONIFER HILL DRIVE City DANVERS State MA Zip 01923
4. Business Phone No. 978-750-8111 5. State of Incorporation MASSACHUSETTS 6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island

CONSTRUCTION MANAGEMENT SERVICES

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

President Name KEVIN G. PUOPOLO Vice President Name
Street Address 121 CONIFER HILL DRIVE City DANVERS State MA Zip 01923
Secretary Name DAVID SULLIVAN Treasurer Name MARGARET A. PUOPOLO
Street Address 111 HUNTINGTON AVENUE City DANVERS State MA Zip 01923

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

Director Name KEVIN G. PUOPOLO MARGARET A. PUOPOLO
Street Address 121 CONIFER HILL DRIVE 121 CONIFER HILL DRIVE
City DANVERS State MA Zip 01923 City DANVERS State MA Zip 01923
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

200,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

200 COMMON NO PAR

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



* 9 0 9 9 7 *

File Date: 2-21-03

Check No.: 30565

By: ICP

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 KEVIN G. PUOPOLO Date 2/18/03

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 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. **90997** 2. Name of Corporation **Construction Management & Builders, Inc.**
3. Street Address Principal Business Office **121 Conifer Hill Drive** City **Danvers** State **MA** Zip **01923**
4. Business Phone No. **978-750-8111** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **59**

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

Construction Management Services

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

President Name Kevin G. Puopolo	Vice President Name
Street Address	Street Address
City 121 Conifer Hill Drive Danvers State MA Zip 01923	City State Zip
Secretary Name David Sullivan	Treasurer Name Margaret A. Puopolo
Street Address	Street Address
City 28 State Street Boston State MA Zip 02109	City 121 Conifer Hill Drive Danvers State MA Zip 01923

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

Director Name Kevin G. Puopolo	Director Name Margaret A. Puopolo
Street Address	Street Address
City 121 Conifer Hill Drive Danvers State MA Zip 01923	City 121 Conifer Hill Drive Danvers State MA Zip 01923

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200,000 SHS NO PAR		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par

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



* 9 0 9 9 7 *

File Date: 2/19/02

Check No.: 07689

By: 912

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 [Signature] Date 2/14/02

KEVIN G. PUPOLO

Print or Type Name of Officer

PRESIDENT

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. 90997		2. Name of Corporation Construction Management & Builders, Inc.	
3. Street Address Principal Business Office 121 Conifer Hill Drive		City Danvers	State MA
		Zip 01923	
4. Business Phone No. (978) 750-8111	5. State of Incorporation MASSACHUSETTS		6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island Construction Management Services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kevin G. Puopolo		Vice President Name	
Street Address 121 Conifer Hill Drive		Street Address	
City Danvers	State MA	City	State
	Zip 01923		Zip
Secretary Name David R. Sullivan		Treasurer Name Margaret A. Puopolo	
Street Address 28 State Street		Street Address 121 Conifer Hill Drive	
City Boston	State MA	City Danvers	State MA
	Zip 02109		Zip 01923
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Kevin G. Puopolo		Director Name Margaret A. Puopolo	
Street Address 121 Conifer Hill Drive		Street Address 121 Conifer Hill Drive	
City Danvers	State MA	City Danvers	State MA
	Zip 01923		Zip 01923
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
200,000 SHS NO PAR			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
200	Common	No Par	

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



* 9 0 9 9 7 *

3-12-01

File Date: _____

Check No.: **25138**

By: **cu**

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.

Kevin G. Puopolo
Signature of Officer
Date **2/28/01**
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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90997** 2. Name of Corporation **Construction Management & Builders, Inc.**
3. Street Address Principal Business Office **121 Conifer Hill Drive** City **Danvers** State **MA** Zip **01923**
4. Business Phone No. **978-750-8111** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **59**

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

Construction Management Services

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

President Name **Kevin G. Puopolo** Vice President Name
Street Address **121 Conifer Hill Drive** Street Address
City **Danvers** State **MA** Zip **01923** City State Zip
Secretary Name **David R. Sullivan** Treasurer Name **Margaret A. Puopolo**
Street Address **28 State Street** Street Address
City **Boston** State **MA** Zip **02109** City **Danvers** State **MA** Zip **01923**

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

Director Name **Kevin G. Puopolo** Director Name **Margaret A. Puopolo**
Street Address **121 Conifer Hill Drive** Street Address **121 Conifer Hill Drive**
City **Danvers** State **MA** Zip **01923** City **Danvers** State **MA** Zip **01923**
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

200,000 SHS NO PAR

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

ISSUED SHARES

Number of Shares Class/Series Par Value

200 Common No Par

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



* 9 0 9 9 7 *

File Date: **3/6/00**
Check No.: **22621**
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] **2/29/00**
Signature of Officer Date
Kevin G. Puopolo
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. 90997		2. Name of Corporation Construction Management & Builders, Inc.	
3. Street Address Principal Business Office 121 CONIFER HILL DRIVE		City DANVERS	State MA
4. Business Phone No. 978-750-8111		5. State of Incorporation MASSACHUSETTS	6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION MANAGEMENT SERVICES			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kevin Puopolo		Vice President Name	
Street Address 121 Conifer Hill Drive		Street Address	
City Danvers	State MA	City Danvers	State MA
Zip 01923		Zip 01923	
Secretary Name David R. Sullivan		Treasurer Name Margaret A. Puopolo	
Street Address 425 Summer Street		Street Address 121 Conifer Hill Drive	
City Boston	State MA	City Danvers	State MA
Zip 02210		Zip 01923	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Kevin G. Puopolo		Director Name Margaret A. Puopolo	
Street Address 121 Conifer Hill Drive		Street Address 121 Conifer Hill Drive	
City Danvers	State MA	City Danvers	State MA
Zip 01923		Zip 01923	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
200,000 SHS NO PAR		200	Common
Par Value			No Par

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



* 9 0 9 9 7 *

File Date: Mar 26, 1999

Check No.: 19820

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 of Officer: [Signature] Date: 3/15/99

Print or Type Name of Officer: Kevin G. Puopolo

Title of Officer: President



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. **90997** 2. Name of Corporation **Construction Management & Builders, Inc.**

3. Street Address Principal Business Office **121 Conifer Hill Drive** City **Danvers** State **MA** Zip **01923**
4. Business Phone No. **978-750-8111** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0059**

Brief Description of the Character of Business Conducted in Rhode Island

Construction Management Services

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

President Name	Vice President Name
Kevin Puopolo	
Street Address	Street Address
121 Conifer Hill Drive	
City	City
Danvers	
State	State
MA	
Zip	Zip
01923	
Secretary Name	Treasurer Name
David R. Sullivan	Margaret A. Puopolo
Street Address	Street Address
425 Summer Street	121 Conifer Hill Drive
City	City
Boston	Danvers
State	State
MA	MA
Zip	Zip
02210	01923

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

Director Name	Director Name
Kevin G. Puopolo	Margaret A. Puopolo
Street Address	Street Address
121 Conifer Hill Drive	121 Conifer Hill Drive
City	City
Danvers	Danvers
State	State
MA	MA
Zip	Zip
01923	01923

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

THORIZED SHARES	Class/Series	Par Value
200,000 SHS NO PAR		

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

ISSUED SHARES	Class/Series	Par Value
200	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: **3/19**
Check No.: **17328**
Signature: **[Signature]**
OR 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: **[Signature]** Date: **3/16/98**
Print or Type Name of Officer: **Kevin G. Puopolo**
Title of Officer: **President**



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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90997

2. Name of Corporation

Construction Management & Builders, Inc.

3. Street Address Principal Business Office

City

State

Zip

121 Conifer Hill Dr.

Danvers

MA

01923

4. Business Phone No.

508-750-8111

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

0059

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

Construction Management Services

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

President Name

Vice President Name

Kevin G. Puopolo

Street Address

Street Address

121 Conifer Hill Drive

City

State

Zip

City

State

Zip

Danvers

MA

01923

Secretary Name

Treasurer Name

David R. Sullivan

Street Address

Margaret A. Puopolo

Street Address

425 Summer St.

121 Conifer Hill Drive

City

State

Zip

City

State

Zip

Boston

MA

02210

Danvers

MA

01923

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

Director Name

Director Name

Kevin G. Puopolo

Street Address

Margaret A. Puopolo

Street Address

121 Conifer Hill Drive

121 Conifer Hill Drive

City

State

Zip

City

State

Zip

Danvers

MA

01923

Danvers

MA

01923

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

200,000 SHS NO PAR

200

Common

No Par

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



* 9 0 9 9 7 *

File Date: 4/3/97

Check No.: 14306

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 of Officer

Date

Kevin G. Puopolo

3/31/97

Print or Type Name of Officer

President

Title of Officer