No. C 147153 Return to:	Due no later than January 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address - Correct in this box, if applicable CITICORP INSURANCE AGENCY, INC. ONE COURT SQU 19TH FL LONG ISLAND CITY, NY 11120	CT CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83702
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Corporations: Enter Names	and Business Addresses of President, Secre	etary and Directors.
Office held Name President/Director Stave Kn	Street or P.O. Address ez One Court Square. 19mpl to mmelman "4mpl" "19mpl" will "19mpl"	City State Zip NY 11120
54 10.1 Gary K	immelman " " 44h FL "	
Trea/10.1 Paul B.	iner " " 491- FC	
Society Elliot	wohl 19m Fe	e e
5. Organized Under the Laws of:	6.	
DELAWARE	Signature / / /	Date 11/30/65
C 147153	Name (Typed or Skye Knez	Title Pres. dar
Issued 11/01/2005	Do Not Tape or Staple	200601002807