

No. 063290	Idaho Corporation Annual Report Form		2. Registered Agent and Office																				
Return To	Due No Later Than November 1, 1988																						
Secretary of State Room 203, Statehouse Boise, ID 83720 1 AM 9 12	1. Mailing Address — Please Correct 063290		C. T. CORPORATION SYSTEM 300 NORTH SIXTH STREET BOISE, IDAHO 83701																				
	BENJAMIN B. WEINER SHEARSON LEHMAN HUTTON INSURANCE FOR KILLY 2 BROADWAY 13TH FL. P.O. BOX 2706 NEW YORK, NY LA JOLLA, CALIFORNIA 10004 02030																						
3. Incorporated Under The Laws of			STATE OF IDAHO																				
4. Names and Addresses of Officers and Directors																							
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: ROBERT J. FILDERMAN</td> <td>2 BROADWAY 13 FLOOR</td> <td>N.Y.</td> <td>N.Y.</td> <td>10004</td> </tr> <tr> <td>Secretary: BENJAMIN B. WEINER</td> <td>2 BROADWAY 13 FLOOR</td> <td>N.Y.</td> <td>N.Y.</td> <td>10004</td> </tr> <tr> <td colspan="5">Directors: SAME AS ABOVE</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President: ROBERT J. FILDERMAN	2 BROADWAY 13 FLOOR	N.Y.	N.Y.	10004	Secretary: BENJAMIN B. WEINER	2 BROADWAY 13 FLOOR	N.Y.	N.Y.	10004	Directors: SAME AS ABOVE				
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Directors: SAME AS ABOVE																							
5. Nature of Business MARKETING & SALE OF INSURANCE PRODUCTS	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>BENJAMIN B. WEINER</td> <td>7/25/88</td> </tr> <tr> <td>Name (Typed)</td> <td>Title</td> </tr> <tr> <td>BENJAMIN B. WEINER</td> <td>SECRETARY</td> </tr> </table>			Signature	Date	BENJAMIN B. WEINER	7/25/88	Name (Typed)	Title	BENJAMIN B. WEINER	SECRETARY												
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 ENTERED
 AUG 5 1988