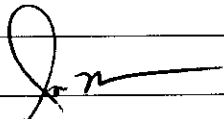


No. C 110410	Due no later than May 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX CT CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83701																																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PAYCHEX BUSINESS SOLUTIONS, INC. MICHAEL NESBITT 911 PANORAMA TRAIL S ROCHESTER, NY 14625		3. <u>New</u> Registered Agent Signature																																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>CRAIG HILL</td> <td>10105 9th STREET NORTH</td> <td>ST. PETERSBURG</td> <td>FL</td> <td>33716</td> </tr> <tr> <td>VICE PRES.</td> <td>ANTHONY TORTORELLA</td> <td>911 PANORAMA TRAIL SOUTH</td> <td>ROCHESTER</td> <td>NY</td> <td>14625</td> </tr> <tr> <td>SECRETARY,</td> <td>JOHN MORPHY</td> <td>911 PANORAMA TRAIL SOUTH</td> <td>ROCHESTER</td> <td>NY</td> <td>14625</td> </tr> <tr> <td>TREASURER,</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SOLE DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	CRAIG HILL	10105 9th STREET NORTH	ST. PETERSBURG	FL	33716	VICE PRES.	ANTHONY TORTORELLA	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	14625	SECRETARY,	JOHN MORPHY	911 PANORAMA TRAIL SOUTH	ROCHESTER	NY	14625	TREASURER,						SOLE DIRECTOR					
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5. Organized Under the Laws of: FLORIDA C 110410		6. Signature  Name <small>(Typed or Printed)</small> JOHN MORPHY Date 4/20/01 Title: XXXX SECRETARY																																					