

State of Delaware  
Annual Franchise Tax Report

CORPORATION NAME					TAX YR.
FTIF NUMBER	INCORPORATION DATE	RENEWAL/REVOCATION DATE			
PRINCIPAL PLACE OF BUSINESS					PHONE NUMBER
REGISTERED AGENT					AGENT NUMBER
AUTHORIZED STOCK		DESIGNATION/	NO. OF SHARES	PAR VALUE/ SHARE	
BEGIN DATE	END DATE	STOCK CLASS			
OFFICER	NAME	STREET/CITY/STATE/ZIP			TITLE
DIRECTORS	NAME	STREET/CITY/STATE/ZIP			
<p>NOTICE: Pursuant to 8 Del. C. 502(b), If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury.</p> <p>AUTHORIZED BY (OFFICER, DIRECTOR OR INCORPORATOR)</p> <p>DATE</p> <p>TITLE</p>					

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