

NEW YORK STATE DEPARTMENT OF LAW INVESTOR PROTECTION BUREAU 28 Liberty Street New York, NY 10005 212-416-8122 TDD (for hearing impaired) 1-800-788-9898 www.ag.ny.gov

NY FORM RI-1

REGISTRANT INFORMATION FORM

1.	Last Name	First Name		Middle Name			
2.	Business Address Street	City		State	e Zip Coo		
3.	Place of Birth	4(a) Date of Birth	4(b). Business Ph	one			
5.		Suite of Birth					
	Have you ever used or been known			Yes []	No []
7.	(10% or more) or in which you which you were an officer, dire	entity under your control or in which you were held a substantial equity or controlling interestor, general partner, trustee or principal: of any crime (other than minor traffic violation ding:	est (10% or more) or of	Yes [7	No [-
	(b) ever been the subject discontinuance, susper a trade, occupation or any stipulation or con	of any injunction, cease and desist order, assension or restraining order, revocation of a liest profession, denial of an application to obtain sent to desist from any act or practice, any distrative agency, or is any action or proceed	cense to practice in or renew same, disciplinary action	Yes [No [
		nent for the benefit of creditors, been the subjecting, reorganized in bankruptcy, or been adj		Yes []	No [-
	(d) ever had a judgment	entered against you or have a judgement which	ch is presently unsatisfied?	Yes []	No [
8. Are you or is any business entity under your control or in which you were a principal shareholder (10% or more) or in which you held a substantial equity or controlling interest (10% or more) or of which you were an officer, director, general partner, trustee or principal, a party in any litigation or administrative proceeding in which it is alleged that you or it committed fraud or otherwise violated any provision of the Martin Act or any other securities law?]	No []
9.	proceeding, title and location o	l), or 8 is "Yes" state full particulars, includin f public authority, circumstances and final dia nplete response in an attached, sworn stateme	sposition. If there				
10	List all professional, business	or occupational licenses or registrations which	ch you now hold, have held, or	r have applied	for:		

From	То	Name and Address of Employer	Type of Business	Position Held
<u>Mo. Yr.</u>	Mo. Yr.			
The following	g is a complete record	of my business affiliations for the pas a principal shareholder (10% or more	t five years, including all enti	ties not listed in 11 above,
interest (10%	or more) or of which	was an officer, director, general part	ner, trustee or principal.	that equity of controlling
From	То	Name and Address	Type of	Position Held
	N V	of Entity	Business	
Mo. Yr.	Mo. Yr.			
	<u> </u>			
e:	Signature:			
ATE OF				
UNTY OF	; SS.:			
JNIY OF)			
ned the above r	registrant information	, being duly sworn, deform. I have read the questions and a	eposes and says that I am the nswers and information suppl	person described in and who lied, and they are true, accur
complete.				
			(Signa	ture of Affiant)
orn to before m	ne this		(Signa	ture of Affiant)
day of	, 20			
	and legible official sta			
j Signatuit	105.010 01110101 500	r /		
			President	or General Partne