



The Commonwealth of Massachusetts
 William Francis Galvin
 Secretary of the Commonwealth
 One Ashburton Place, Boston, Massachusetts 02108-1512
 Telephone: (617) 727-9640

FEE: \$85.00

NOTE: PLEASE TYPE OR PRINT CLEARLY INSTRUCTIONS ON OTHER SIDE.

MASSACHUSETTS FOREIGN CORPORATION ANNUAL REPORT 643078

Federal Identification No. 04-3102403

- The exact name of the corporation is: Ban Capital, Inc.
- The corporation is organized under the laws of: DELAWARE
- Location of its principal office is: TWO COPLEY PLACE
(number and street)
BOSTON MA 02116
(city or town) (state) (zip)
- The location of its Massachusetts office, if any: TWO COPLEY PLACE
(number and street)
BOSTON MA 02116
(city or town) (state) (zip)
- Name and address of the Resident Agent is: JOSHUA BERENSTEIN
(name)
TWO COPLEY PLACE BOSTON MA 02116
(number and street) (city or town) (state) (zip)
- Date of the end of the last fiscal year was: 12 31 2000
(month) (day) (year)
- Check here if the corporation stock is publicly traded:
- The capital stock of each class as of the end of its last fiscal year was:

CLASS OF STOCK	PAR VALUE PER SHARE STATE IF NO PAR	TOTAL AUTHORIZED BY ARTICLES OF ORGANIZATION OR AMENDMENTS		TOTAL ISSUED AND OUTSTANDING
		Number of Shares	Total Par Value	Number of Shares
COMMON:	.001	3000	\$30	700 ✓
PREFERRED:				

9. State the names and addresses of the officers specified below and of all the directors of the corporation, and the date on which the term of office of each expires:

OFFICERS	NAME	BUSINESS ADDRESS	EXPIRATION OF TERM
		Number, Street, City or Town, State, Zip Code	
PRESIDENT	W MITT RUMNEY	TWO COPLEY PLACE	
TREASURER	JOSHUA BERENSTEIN	BOSTON MA 02116	
CLERK		" " "	
DIRECTORS	W MITT RUMNEY	" " "	

I, the undersigned JOSHUA BERENSTEIN, being the Treasurer of the above-named corporation, in compliance with the General Laws, Chapter 181, hereby certify that the above information is true and correct as of the dates shown. IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 15th day of March, 20 01.

Signature: [Signature] Title: Treasurer
 Contact Person: _____ Contact Person Telephone #: _____