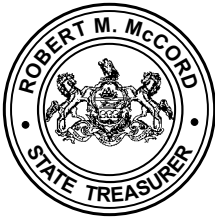


AP- 1 REPORT OF ABANDONED AND UNCLAIMED PROPERTY VERIFICATION AND CHECKLIST

(1-09)



COMMONWEALTH OF PENNSYLVANIA
TREASURY DEPARTMENT
BUREAU OF UNCLAIMED PROPERTY

TREASURY USE ONLY

Receipt Number _____
Receipt Date _____
Amount _____
Number Shares _____

Section One

Holder's Name _____

Federal EIN Number _____

Contact Person _____

Telephone (_____) _____ E-mail _____

Business Address _____

City _____ State ____ Zip Code _____ County _____

Date Incorporated _____, In the State of _____

Industry Type _____

Section Two

Is this the first time your organization has filed an abandoned and unclaimed property report to the Commonwealth of Pennsylvania? YES _____ NO _____

Have you ever reported under another company name? YES _____ NO _____

If so, under what company name? _____ Federal EIN # _____

Section Three

Please check the appropriate response and sign below. Report should be signed by Company President, Chief Executive Officer or Chief Financial Officer.

_____ Filing a negative report - check here I have no property to report. I understand that any property such as uncashed accounts payable or receivable checks, savings or checking accounts, refunds, overpayments, and customer deposits (see the back of this form for a complete listing) must be turned over to the Commonwealth after five years of dormancy. For reporting property with dormancy periods other than 5 years, see page 2 of the reporting booklet.

If you are no longer in business, please provide your date of dissolution. _____

_____ Filing a positive report - check here I have prepared and examined this report consisting of _____ pages totaling \$ _____ as to property presumed abandoned under the Pennsylvania Disposition of Abandoned and Unclaimed Property Act (DAUPA) for the year ended as stated. I verify this report is accurate and complete to the best of my knowledge and belief as of said date, excepting for such property as has since ceased to be abandoned.

Please check if your payment is a Wire Transfer

HOLDER VERIFICATION: The undersigned hereby verifies that the statements set forth in this holder report are true, and acknowledges that any false statements contained therein are subject to the penalties of 18 Pa. C.S.A. § 4904 (relating to unsworn falsification to authorities).

Signature _____ Date _____

Print Name _____

Title _____

Report for Period Ended December 31, _____

Please complete the checklist below by indicating with an "X" all types of property you are reporting. Each description marked must correspond with individual property descriptions you list on Form AP-2.

- | | |
|---|---|
| <input type="checkbox"/> Accounts Payable Check | <input type="checkbox"/> Liquidated Stock - Undeliverable |
| <input type="checkbox"/> Accrued Dividends | <input type="checkbox"/> Liquidated Stock - Underlying |
| <input type="checkbox"/> Accrued Interest on Bond | <input type="checkbox"/> Liquidated Stock - Unexchanged |
| <input type="checkbox"/> Bail Bond Deposit | <input type="checkbox"/> Liquidated Stock Distribution |
| <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Liquidated Stock Dividend |
| <input type="checkbox"/> Bearer Bond/Principal | <input type="checkbox"/> Liquidated Stock Split |
| <input type="checkbox"/> Bond Interest/Coupon Money | <input type="checkbox"/> Liquidated Warrants |
| <input type="checkbox"/> Bond Redemption | <input type="checkbox"/> Liquid Cash Distribution |
| <input type="checkbox"/> Cash Distribution | <input type="checkbox"/> Master Fees |
| <input type="checkbox"/> Cash Exchange | <input type="checkbox"/> Matured Life Policy |
| <input type="checkbox"/> Cashier's Checks | <input type="checkbox"/> Membership Fees |
| <input type="checkbox"/> CD Interest Check | <input type="checkbox"/> Mineral & Royalty Proceeds |
| <input type="checkbox"/> Certificate of Deposit/Savings Certificate | <input type="checkbox"/> Misc. Papers - Safe Deposit Box |
| <input type="checkbox"/> Certified Check | <input type="checkbox"/> Miscellaneous Equipment |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Checks Written Off Into Income | <input type="checkbox"/> Nontransferable Security |
| <input type="checkbox"/> Christmas Club Account | <input type="checkbox"/> Passbook Savings |
| <input type="checkbox"/> Claims Payment Check | <input type="checkbox"/> Patient Accounts |
| <input type="checkbox"/> Coins - Safe Deposit Box | <input type="checkbox"/> Paying Agent Accounts |
| <input type="checkbox"/> Collectable - Safe Deposit Box | <input type="checkbox"/> Pension & Profit Sharings |
| <input type="checkbox"/> Commissions | <input type="checkbox"/> Premium Refunds |
| <input type="checkbox"/> Condemnation Awards | <input type="checkbox"/> Property Sales |
| <input type="checkbox"/> Confiscated Funds | <input type="checkbox"/> Redemption |
| <input type="checkbox"/> Credit Balances | <input type="checkbox"/> Refund/Rebates |
| <input type="checkbox"/> Currency - Safe Deposit Box | <input type="checkbox"/> Registered Bond Proceeds |
| <input type="checkbox"/> Customer Deposit | <input type="checkbox"/> Registered Checks |
| <input type="checkbox"/> Death Benefit Check | <input type="checkbox"/> Restitution Award |
| <input type="checkbox"/> Debenture Interest | <input type="checkbox"/> Rights Redemption/Lease Rental |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Safekeeping - Miscellaneous |
| <input type="checkbox"/> Endowment Funds | <input type="checkbox"/> Safety Deposit Boxes |
| <input type="checkbox"/> Escrow Account | <input type="checkbox"/> Security Deposit |
| <input type="checkbox"/> Estate Funds | <input type="checkbox"/> Share Deposit |
| <input type="checkbox"/> Expense Check | <input type="checkbox"/> Statement Savings |
| <input type="checkbox"/> Fiduciary Funds | <input type="checkbox"/> Stock - Cash-in-Lieu |
| <input type="checkbox"/> Foreign Exchange Check | <input type="checkbox"/> Support Payments |
| <input type="checkbox"/> General Obligation Bonds | <input type="checkbox"/> Suspense Accounts |
| <input type="checkbox"/> Gift Certificate/Gift Card | <input type="checkbox"/> Tax Sales Excess |
| <input type="checkbox"/> Health & Welfare Funds | <input type="checkbox"/> Travelers Checks |
| <input type="checkbox"/> Inmate Accounts | <input type="checkbox"/> Treasurer's Checks |
| <input type="checkbox"/> IRA Account | <input type="checkbox"/> Trust Accounts |
| <input type="checkbox"/> Jewelry - Safe Deposit Box | <input type="checkbox"/> U S Government Securities |
| <input type="checkbox"/> Keough Account | <input type="checkbox"/> Uncashed Checks |
| <input type="checkbox"/> Layaway | <input type="checkbox"/> Unclaimed Check/Official Check |
| <input type="checkbox"/> Liquidated Debenture | <input type="checkbox"/> Utility Refund/Deposit |
| <input type="checkbox"/> Liquidated Dividend Reinvestment | <input type="checkbox"/> Vacation Club Account |
| <input type="checkbox"/> Liquidated DRP Termination/Shares | <input type="checkbox"/> Wages, Payroll Unclaimed |
| <input type="checkbox"/> Liquidated Stock Distribution | <input type="checkbox"/> Witness Fees |
| <input type="checkbox"/> Liquidated Mutual Funds | <input type="checkbox"/> Written Instrument |
| <input type="checkbox"/> Liquidated Rights | |

INSTRUCTIONS FOR COMPLETING FORM AP-1 REPORT OF ABANDONED AND UNCLAIMED PROPERTY VERIFICATION AND CHECKLIST

(All information must be typed)

AP-1 is required for all reporting methods of unclaimed property.

- 1 Holder's Name:**
The name of your business entity.
- 2 Federal Employer ID Number (EIN):**
Company's Federal Employer Identification Number (tax ID Number) **This line must be completed.**
- 3 Contact Person:**
The name of the person responsible for preparing this report for your company.
- 4 Telephone Number & E-Mail Address:**
The business phone number and e-mail address of the person completing the report. This is the person the Bureau of Unclaimed Property will contact if there are questions or problems with your report.
- 5 Holder's Address:**
Your company's mailing address. Include department names if they are an important part of your address.
- 6 Date of Incorporation/Charter Date:**
Corporations should enter the date on which they were incorporated or licensed to do business. Savings and loan associations, banks and credit unions should enter the date their organization was chartered.
- 7 State of Incorporation:**
Corporations should enter the state in which they are incorporated. Savings and loan associations, banks and credit unions should enter the state in which they are chartered.
- 8 Industry Type:**
Description of business type.
- 9 Section Two:**
 - (a) Place a check mark next to the appropriate answer.
 - (b) Place a check mark next to the appropriate answer.
 - (c) If 9b is yes, please enter the company name and EIN# as requested.
- 10 Section Three:**
 - (a) Choose the appropriate response. If you are no longer in business, be sure to provide your date of dissolution. If you are sending a completed report, be sure to enter the number of pages and the total dollar value you are reporting.
 - (b) Sign and date the bottom of the form. Please print your name and title below your signature.
NOTE: A corporate officer must sign the AP-1. e.g. CEO; CFO; President.
- 11 Verification for Period Ending:**
This is the cutoff date for reviewing your records. Enter December 31 of the previous year.