

2004 REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS

We have listed establishments of your company based on Census records. Please update this list as follows:

• **Column (a)** - Correct any errors or omissions in the information. The establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location.

• **Column (b)** - Report the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on your Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and/or any full- and part-time employees whose payroll was filed under a Professional Employer Organization's EIN. Include part-year operations. Do not combine data for establishments. If book figures are not available for employment and payroll for each establishment, please provide your best **estimates**.

• **Column (c)** - Report status of each establishment at the end of 2004.

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Company Establishments and Subsidiaries (Add store or plant number, if any, and correct any errors or omissions.)			2004 Employment and Payroll			Operational Status at the End of 2004 (Mark "X" only ONE box.)				
(a)			(b)			(c)				
Line No.	EIN	NAICS	2004			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive	Month	Day	Year	
			Number of employees for pay period including March 12							<input type="checkbox"/> Ceased operation - Give date at right.
Major activity						<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.				
Name			First quarter payroll (Jan.-Mar.)							
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)			Annual payroll			Mailing address (Number and street, P.O. box, etc.)				
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
						<input type="checkbox"/> Other - Specify →				
Line No.	EIN	NAICS	2004			<input type="checkbox"/> In operation <input type="checkbox"/> Temporarily or seasonally inactive	Month	Day	Year	
			Number of employees for pay period including March 12							<input type="checkbox"/> Ceased operation - Give date at right.
Major activity						<input type="checkbox"/> Sold or leased to another operator - Give date above AND enter name and address of new owner or operator below.				
Name			First quarter payroll (Jan.-Mar.)							
Secondary name		Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator				
Physical location (Number and street)			Annual payroll			Mailing address (Number and street, P.O. box, etc.)				
City, town, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City, town, village, etc.		State	ZIP Code
						<input type="checkbox"/> Other - Specify →				

1 COMPANY OWNERSHIP OR CONTROL - Continued

B. FOREIGN OWNERSHIP OR CONTROL

Does a foreign entity (company, individual, government, etc.) own directly or indirectly 10 percent or more of the voting stock or other equity rights of your company?

Yes - Enter the following information on the owning entity and go to C. 7

Name of foreign beneficial owner	
Home office address (Number and street)	
City	Country
Percent ownership (direct and indirect) (Mark "X" only ONE box.)	<input type="checkbox"/> 10-24% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> 25-49% <input type="checkbox"/> 51-99%

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No - Go to C.

C. FOREIGN AFFILIATES

Does this company alone, or with its domestic affiliates, own 10 percent or more of the voting stock of an incorporated foreign business enterprise, or an equivalent interest in an unincorporated business enterprise, including ownership of real estate?

Yes

No

2 RESEARCH AND DEVELOPMENT

A. Does your company conduct or sponsor research and development?

Yes - Go to B.

No - Go to 3.

B. Value of research and development expenditures during 2004

Less than \$3 million

\$3 million or more

3 EMPLOYEES FROM A PROFESSIONAL EMPLOYER ORGANIZATION

Did your company lease 50 percent or more of your permanent full- and part-time workforce from a Professional Employer Organization during 2004? (Permanent workforce excludes temporary staffing from a staffing service and contractors.)

Yes

No

4 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Name of person to contact regarding this report				Title					
Telephone	Area code	Number		Extension	Fax	Area code	Number		
			-					-	
Internet e-mail address					Date completed		Month	Day	Year