

COVER SHEET

0 0 0 0 3 9 7 4 5

S.E.C. Registration Number

C R O W N E Q U I T I E S , I N C .

(Company's Full Name)

4 T H F L R C R O W N C E N T E R
1 5 8 J U P I T E R C O R . N . G A R C I A S T S .
B E L A I R M A K A T I C I T Y

(Business Address : No. Street City / Town / Province)

E U G E N E M A C A L A L A G

Contact Person

8 9 9 0 0 8 1

Company Telephone Number

1 2 3 1

Month Day
Fiscal Year

S E C 2 3 B

FORM TYPE

Month Day

Annual Meeting

Secondary License Type, If Applicable

Dept. Requiring this Doc.

Dept. Requiring this Doc.

Amended Articles Number/Section

Amended Articles Number/Section

Total Amount of Borrowings

Total No. of Stockholders

Total No. of Stockholders

Domestic

Domestic

Foreign

Foreign

To be accomplished by SEC Personnel concerned

File Number

File Number

LCU

LCU

Document I.D.

Document I.D.

Cashier

Cashier

STAMPS

STAMPS

Remarks = pls. use black ink for scanning purposes