

COVER SHEET

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S.E.C. Registration Number										

S	T	A	R	M	A	L	L	S	,	I	N	C	.	(F	O	R	M	E	R	L	Y	:	
P	O	L	A	R		P	R	O	P	E	R	T	Y		H	O	L	D	I	N	G	S		
C	O	R	P	O	R	A	T	I	O	N)													

(Company's Full Name)

3	R	D		L	E	V	E	L		S	T	A	R	M	A	L	L		L	A	S		
P	I	N	A	S	,		C	V		S	T	A	R	R		A	V	E	N	U	E	,	
P	H	I	L	A	M	L	I	F	E		V	I	L	L	A	G	E	,					
P	A	M	P	L	O	N	A	,		L	A	S		P	I	N	A	S		C	I	T	Y

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

Jo L. Ilijay
Contact Person

571-5948
Company Telephone Number

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1	2				
3	1				
<i>Month</i>	<i>Day</i>				
Calendar Year					

23-B
FORM TYPE

<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		
<i>Month</i>	<i>Day</i>				
Annual Meeting					

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Secondary License Type, If Applicable	

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Dept. Requiring this Doc.			

Amended Articles Number/Section

	Total Amount of Borrowings				
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Total No. of Stockholders	Domestic	Foreign			

To be accomplished by SEC Personnel concerned

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File Number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
Document I.D.										

LCU

Cashier

