File Number: 84-5874	
For the reporting period ended December 31. 2002	



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

1	OMB AP	PROVAL
	OMB Number.	3235-0337
-	Expires:	July 31, 2003
	Estimated average	ge burden
	hours per full rés	ponse 6.00
	Estimated average	ge burden
	hours per interm	ediate
	response	1.50
	Estimated average	ge burden
	hours per minim	um
	response	

FORM TA-2

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS
REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934

ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)

ł.	Full name of Registrant as stated in Question 3 of Form TA-1:
	(Do not use Form TA-2 to change name or address.)

During the reporting period (Check appropriate box.)	l, has the Registrant enga	ged a service company to p	erform any of its transfer agent func
□ AII	Some	X None	
If the answer to subsection company(ies) engaged:	n (a) is all or some, pr	ovide the name(s) and tran	nsfer agent file number(s) of all s
Name of Transfer Agent(s):		File No. (beginning with 84- or 85-
PROCE	SSED		
APR 04	2003		
IHOMSO FINANCI	AL.		
During the reporting period transfer agent functions?	I, has the Registrant beer	engaged as a service comp	pany by a named transfer agent to pe
Yes		X No	
	d as a service company t	o perform transfer agent fu	the named transfer agent(s) for whit nctions: (If more room is required,
Name of Transfer Agent(s			File No. (beginning with 84- or 85-

SEC 2113 (12-00)

3,	a,	Federal De	er of the Currence eposit Insurance Governors of th	ncy e Corporatio e Federal R	on eserve Syste		(only.)),	/ ,	
	Ъ.	During the rep information re	orting period, h ported therein	ias the Regis became inac	strant amend ccurate, inco	ded Form TA-1 omplete, or mis	within leading	60 calenda g? (Check	ar days followi appropriate b	ng the date on which
			amendment(s) to file amendm able	ent(s)						
	c.,	If the answer t	o subsection (t	o) is no, pro	vide an expl	lanation:				
		If	the response	to any of	questions	4-11 below i	is non	e or zero	o, enter "0."	_
4.	Nu	mber of items r	eceived for trai	nsfer during	the reporting	ng period:			*******	7
_			. 6 (4)	امان سائنسان		:1 3:	:	ah a Diagas	. Da =!====a!==	:
5.	a.	Total number System (DRS)				lirect purchase				
	b.	Number of ind				estment plan and				ints 0 (
í	c.	Number of ind	lividual securit	yholder DR	S accounts a	as of December	31:			<u>0 ^</u>
	d.	Approximate posterior December 31:		ndividual s	ecurityholde	er accounts from	m subs	ection (a)	in the follow	ing categories as o
		Corporate	Corporate		Open-End	Limited		Municip	al Debt	Other
		Equity Securities	Debt Securities	li d	ivestment Company Securities	Partnersh Securitie	, ,	Secur		Securities
		100%								·
		÷								
6.	Nu	mber of securit	ies issues for w	hich Regist	rant acted in	the following	capaci	ties, as of	December 31:	
					rporate curities	Open-End Investment	Par	mited tnership	Municipal Debt	Other Securities
				Equity	Debt	Company Securities	Se	curities	Securities	
	2	Receives item	s for transfer	Equity	Dear	Scenics	 			
	.	and maintains securityholder	the master	1						
	Ь.	Receives item								
		but does not n		.]				:		
	_	master securit			1		 			
	C.	transfer but m master securit	aintains the							
			,		· · · · · · · · · · · · · · · · · · ·					

οf

7.		ope of certain additional types of activities Number of issues for which dividend rein		direct purchase plan	•
	۵.	services were provided, as of December 3			0
	b.	Number of issues for which DRS services			
		Dividend disbursement and interest paying			
		i. number of issues			
		ii. amount (in dollars)	•••••••••••	***************************************	0
8.	а.	Number and aggregate market value of se December 31:	ecurities aged record o	lifferences, existing for mo	ore than 30 days, as of
				Prior	Current
				Transfer Agent(s) (If applicable)	Transfer Agent
	•	i. Number of issues			0
		ii. Market value (in dollars)			Ŏ
		, ,			
	b.	Number of quarterly reports regarding bu SEC) during the reporting period pursuant			
	c.	During the reporting period, did the Regi (including the SEC) required by Rule 172		y reports regarding buy-ins	s with its ARA
	÷	Yes	□ No	X n/a	
	d.	If the answers to subsection (c) is no, pro	vide an explanation fo	or each failure to file:	
		no buy-ins - no filing re	eguired		
	A				
	4				
9.	a.	During the reporting period, has the Regi as set forth in Rule 17Ad-2?	strant always been in	compliance with the turna	round time for routine items
		∑ Yes	□ No		
		If the answer to subse	ection (a) is no, comp	lete subsections (i) throu	gh (ii).
		i. Provide the number of months during compliance with the turnaround time			
		ii. Provide the number of written notice SEC and with its ARA that reported items according to Rule 17Ad-2	its noncompliance wit	h turnaround time for rout	ine
10.	Nu	mber of open-end investment company sec	curities purchases and	redemptions (transactions) excluding dividend, interest
		distribution postings, and address change	s processed during the	e reporting period:	<u>-</u>
	a .	Total number of transactions processed:.			<u>U</u>
	Ъ.	Number of transactions processed on a da	ate other than date of	receipt of order (as ofs):	U

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database	Number of Different Addresses Obtained from Database Search
NONE	Search	A Committee of the Comm

b. (Number of lost securityholder accounts that have been remitted to states during the	Λ
	reporting period:	

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: Agent
Haren Lee	Telephone number: 817-523-3183
Name of Official responsible for Form: (For st name, Middle name, Last name)	Date signed (Month/Day/Year):
Karen Marie Lee	03/26/03