EXERCISE OR SALE OF QUALIFIED, NONQUALIFIED, OR INCENTIVE STOCK OPTIONS

Please provide us with all relevant data supplied by your employer concerning options that were granted or exercised as well as stocks sold

	T/S F S OPTION	TIS F S OPTION	T/S S GETION
DATE OF OPTION GRANT			27.1.00
WAS A SECTION 83(b) ELECTION MADE? (Y/N)*	/ /	1 1	1 1
PLEASE INDICATE TYPE OF OPTION (CHECK ONLY ONE):			
QUALIFIED OPTION	. п		
NONQUALIFIED OPTION	П		П
INCENTIVE OPTION (ISO)	П	. п	П
DATE OF EXERCISE	, ,	1 1	
NUMBER OF SHARES ACQUIRED			
FAIR MARKET VALUE AT DATE OF EXERCISE			
OPTION PRICE			
WAS THE OPTION PRICE PAID WITH CASH OR WITH STOCK (SWAP)? (C/S)	OSD OTHER DESIGNATION OF THE PERSON OF THE P		
IF STOCK ACQUIRED THROUGH EXERCISE OF THE OPTION HAS BEEN SOLD, PLEASE ENTER THE DATE OF DISPOSITION			
NET PROCEEDS FROM SALE			
AMOUNT OF ORDINARY INCOME INCLUDED IN FORM W-2 AS A			
RESULT OF EXERCISE OF OPTION OR SALE OF STOCK			
WW			
######################################			
*If "Yes", please provide a copy of the signed election. TOTAL AMT ADJUSTMENT			
Did you reside outside the U.S. during a portion of the period the options were outstanding? Yes No If yes, please provide details.			