

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90563 013 ***150.00

DOCUMENT # 854535

1. Entity Name
MONARCH INDUSTRIES, INC.

Principal Place of Business P.O. BOX 429 WINNIPEG CANADA R3C3E4	Mailing Address P.O. BOX 429 WINNIPEG CANADA R3C3E4
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629372



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 41-0977546		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State.	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	DIRECTOR
NAME	STREUBER, DONALD W	NAME	FALK, PETER J.
STREET ADDRESS	600-175 HARGROVE ST	STREET ADDRESS	889 ERIN ST.
CITY-ST-ZIP	WINNIPEG MB	CITY-ST-ZIP	WINNIPEG, MB
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD	TITLE	
NAME	DUNN, GENE D	NAME	
STREET ADDRESS	889 ERIN ST	STREET ADDRESS	
CITY-ST-ZIP	WINNIPEG, MB	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	TITLE	
NAME	O'ROURKE, DAN	NAME	
STREET ADDRESS	889 ERIN ST	STREET ADDRESS	
CITY-ST-ZIP	WINNIPEG MB	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	TITLE	
NAME	BHAYANA, VIC	NAME	
STREET ADDRESS	889 ERIN ST	STREET ADDRESS	
CITY-ST-ZIP	WINNIPEG MB	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VBD	TITLE	Vb
NAME	COOK, ROY	NAME	COOK, ROY
STREET ADDRESS	889 ERIN ST	STREET ADDRESS	889 ERIN ST.
CITY-ST-ZIP	WINNIPEG MANITOBA	CITY-ST-ZIP	WINNIPEG, MB.
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. O'Rourke* **D. O'ROURKE** JAN 25/01 (204) 786 7921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)