

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90097 036 \*\*\*150.00

**DOCUMENT # F01000004355**



1. Entity Name  
**LEITCH INCORPORATED**

Principal Place of Business  
**25 DYAS  
NORTH YORK, ONTARIO  
CANADA M3B1V7**

Mailing Address  
**25 DYAS  
NORTH YORK, ONTARIO  
CANADA M3B1V7**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0203919**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE-IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P / D</b> <b>CRAIG, MARGARET</b> <b>150 FERRAND DRIVE, SUITE 700</b> <b>NORTH YORK, ONT., CANADA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HANSEN, BOB</b> <b>150 FERRAND DRIVE, SUITE 700</b> <b>NORTH YORK, ONT., CANADA</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JORDAN, TOM</b> <b>150 FERRAND DRIVE, SUITE 700</b> <b>NORTH YORK, ONT., CANADA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NOGAR, BRAD</b> <b>150 FERRAND DRIVE, SUITE 700</b> <b>NORTH YORK, ONT., CANADA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>EDWARDS, JOHN</b> <b>150 FERRAND DRIVE, SUITE 700</b> <b>NORTH YORK, ONT., CANADA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO / D</b> <b>TIESSEN, REG</b> <b>150 FERRAND DRIVE, SUITE 700</b> <b>NORTH YORK, ONT., CANADA</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MUNJAL, SALLI</b> <b>150 FERRAND DRIVE, STE. 700</b> <b>NORTH YORK, ONT., CANADA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TOEWS, DAVID</b> <b>150 FERRAND DRIVE, STE. 700</b> <b>NORTH YORK, ONT., CANADA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>ROTH, STEVE</b> <b>150 FERRAND DRIVE, STE. 700</b> <b>NORTH YORK, ONT., CANADA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 23/03 416-443-3071*  
Daytime Phone #

CRCE034 (10/02)