

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90024 047 ***150.00

DOCUMENT # F02000000736

1. Entity Name
RESEARCH IN MOTION CORPORATION



Principal Place of Business
25227 GROGAN'S MILL ROAD, SUITE 125
THE WOODLANDS, TX 77508

Mailing Address
25227 GROGAN'S MILL ROAD, SUITE 125
THE WOODLANDS, TX 77508

94021254

2. Principal Place of Business

122 West John Carpenter Parkway
Suite, Apt. #, etc.
Suite 430
City & State
Irving, Texas

3. Mailing Address

122 West John Carpenter Parkway
Suite, Apt. #, etc.
Suite 430
City & State
Irving, Texas

Zip
75039

Country
USA

Zip
75039

Country
USA

01272004

Chg-P

CR2E034 (10/03)

4. FEI Number

76-0638207

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BALSILLIE, JIM
STREET ADDRESS 295 PHILLIP STREET
CITY-ST-ZIP WATERLOO, ONT., CANADA

TITLE S
NAME KAVELMAN, DENNIS
STREET ADDRESS 295 PHILLIP STREET
CITY-ST-ZIP WATERLOO, ONT., CANADA

TITLE D
NAME MEYER, CHARLES B.
STREET ADDRESS 25227 GROGAN'S MILL ROAD, SUITE 125
CITY-ST-ZIP THE WOODLANDS, TX 77508

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Balsillie, President

02-06-04

Date

519-888-7405

Daytime Phone #