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04/28/2004 14:49 813-225-2603 WHEELER HERM

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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90356 035 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03252

1. Entity Name
FORIS-RATING HOLDINGS (FLORIDA), INC.

Principal Place of Business	Mailing Address
202 S. ROME AVE SUITE 100 TAMPA, FL 33606 US	202 S. ROME AVE SUITE 100 TAMPA, FL 33606 US

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
133 St. Leonards Ave		133 St. Leonards Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Toronto		City & State: Toronto	
Zip: M4N 1K6	Country: CANADA	Zip: M4N 1K6	Country: Canada

4. FEI Number: 59-2162837 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HEYCK, JOSEPH G JR
202 S. ROME AVE
SUITE 100
TAMPA, FL 33606

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC DIENER, STEVEN G. 133 ST LEONARDS AVE TORONTO CANADA, m4n1k6	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] STEVEN G. DIENER Apr. 28, '04 416-4834565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #