SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:41

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **F94000001253 (3)**

1. Corporation Name
MFP TECHNOLOGY SERVICES INC.

Principal Place of Business
2261 N. SHERIDAN WAY
MISSISSAUGA ONTARIO L5K 2S3

Mailing Address
2261 N. SHERIDAN WAY
MISSISSAUGA ONTARIO L5K 2S3

3. Date Incorporated or Qualified: **03/14/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **13-3493558** Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MOON, TIM
5104 N. ORANGE BLOSSOM TRAIL
SUITE 114
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WOLFRAIM, J P	1.2 NAME	
STREET ADDRESS	2312 CHEVERIE ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OAKVILLE ONTARIO L6J 6B2	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	CHHIBA, BENJAMIN	2.2 NAME	
STREET ADDRESS	2374 YOLANDA DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OAKVILLE ONTARIO L6L 4B6	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	LIPTOK, MARK	3.2 NAME	
STREET ADDRESS	80 BRENTWOOD RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OAKVILLE ONTARIO L6L 4B6	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☑ Change ☐ Addition
NAME	~~MCFARLANE, LES~~ delete	4.2 NAME	V.
STREET ADDRESS	~~76 HOLMCREST TRAIL~~	4.3 STREET ADDRESS	BMETHURST G.W.W. 1511 STONEYBROOK TRAIL
CITY - ST - ZIP	~~SCARBOROUGH ONTARIO M1C 1V5~~	4.4 CITY - ST - ZIP	OAKVILLE ONTARIO L6M 2K4
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, ROBIN	5.2 NAME	
STREET ADDRESS	3553 SANDERLING CRESCENT	5.3 STREET ADDRESS	
CITY - ST - ZIP	MISSISSAUGA ONTARIO L5L 3P4	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	☑ Change ☐ Addition
NAME	~~MORGAN, ALAN~~ delete	6.2 NAME	V.P. BRIAN STEVENS
STREET ADDRESS	~~110 ALL SAINTS CRESCENT~~	6.3 STREET ADDRESS	1212 Falgarwood
CITY - ST - ZIP	~~OAKVILLE ONTARIO L6J 5X5~~	6.4 CITY - ST - ZIP	Oakville Ontario L6H 2L3

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] G.W.W. SMETHURST 6/15/95 905-855-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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