2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am DOCUMENT # **F96000001350 Secretary of State** 1039015 ONTARIO LIMITED CORP. 03-24-2000 90079 034 ***150.00 Principal Place of Business Mailing Address 4 GLENGROVE AVE WEST 178 FAIRLAWN AVE TORONTO ONTARIO CANADA M4RIN TORONTO ONTARIO CANADA M5M -1T8 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 98-0159028 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS INC Street Address (P.O. Box Number is Not Acceptable) 4710 NW BOCA RATON BLVD., #101 **BOCA RATON FL 33431** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. POC ☐ Addition TITLE ☐ Delete HAYHURST, JAMES . NAME STREET ADDRESS 378 FAIRLAWN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CANADA M5M -1T8 ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition ÎITLE TITLE ☐ Change VAME NAME STREET ADDRESS STREET ADDRESS JITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Ìπle ☐ Delete TITLE VAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Change ☐ Addition ÎITLE ☐ Delete TITLE IAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE DISTRIBUTION AME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE PHONE #