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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700003565

1. Corporation Name

Principal Place of Rusiness

EXCALIBUR DEFENSE SYSTEMS CORPORATION

1 micipai i lac	o or Dusiness	maining / tour boo					
12424 RESEAR	CH PARKWAY	215 TERENCE MATTHEWS C	RESCENT				
STE 260		KANATA ONTARIO			DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32826-3247		K2M 1X5 CANADA			3. Date Incorporated or Qualified		
US					07/09/1997		
		1.0 110 111			4. FEI Number		-lind For
	lace of Business	2a. Mailing Address			1 11		plied For
21	, &	26 (1) 111,	<u></u>		98-0170120		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		27 50 Hines Road	_Suite	200			
City & State		City & State Ranata, Ontario		6. Election Campaign Financing	\$5.00		
23		1=01			Trust Fund Contribution	Added to) rees
Zip	Country	Zip	Country		8. This corporation owes the current year		□No
24	25	1 120	o Cana	ıda	Personal Property Tax.		
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Register	ea Agent	
C T CORPORATION SYSTEM			"	Name			
			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							
PLAI	NIAHON FL 33324		83				
			84	City		. 85 Zip C	Code
	,	•		•	· . .	-L	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	-named co	corporation submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607,0505, Florid	horized by Ia Statutes	the corpor	ration's board of directors. I hereby accept the ap	poinunem as reg	Jistereu
	in familial will, and accept the conge	nons on, occupy, con-					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agen	t signature req	quired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	CD	DELETE	1.1 TITLE		₹0	[] Change	☐ Addition
NAME	HERBERT, MAURICE C		1.2 NAME		Process, Gordan, D		
STREET ADDRESS	215 TERENCE MATTHEWS CRI	ESCENT, KANATA	1.3 STREET	ADORESS	医玻璃层质 表质 医二氏		
CITY-ST-ZIP	ONTARIO K2M 1X5 CANADA	,	1.4 CITY-S	1	(10 = 1, voy oms Conside		
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition
NAME	GILMOUR, DAVID A	_	2.2 NAME	Ì			
	215 TERENCE MATTHEWS CRI	ESCENT KANATA	2.3 STREET	ADDDESS	A SAME OF THE SAME		
STREET ADDRESS	ONTARIO K2M 1X5 CANADA	LOOLINI, IVAINAIA.		Į.	agamental ed astalata - gamental es as as		
CITY-ST-ZIP	PST PST	☐ DELETE	2.4 CITY-S 3.1 TITLE	1-217	Land Total State of the Company of the Company	Change	Addition
TITLE		□ betere			Agree of the second	C ourning.	
NAME	FROSST, GORDON D	COCKET MANATA	3.2 NAME		and the second s		artı
STREET ADDRESS	215 TERENCE MATTHEWS CRI	ESCENI, KANATA	3.3 STREET	ADDRESS	alli i a a a a a a a a a a a a a a a a a	rivi,	16 5 1
CITY-ST-ZIP	ONTARIO K2M 1X5 CANADA		3.4. CITY- S	T-ZIP	Mark to the the Common of the Canada		F'I AUDRES
TITLE	D	C DELETE	4.1 TITLE		9	Change	(Addition
NAME	WRIGHT, BONNIE		4. 2 NAME		onum i		
STREET ADDRESS	9 ANTARES DRIVE, NEPEAN		4.3 STREET	ADDRESS	The state of the s	16000	
CITY-ST-ZIP	ONTARIO, CANADA		4.4 CITY-S	r-zip	1.45 1.72 1.75 1.75 1.75 1.75 1.75 1.75 1.75 1.75		_
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	GILMOUR, DAVID A		5.2 NAME	j	The second of the second		
STREET ADDRESS	206 STONEHOME CRESCENT	RR#4 ALMONTE	5.3 STREET	ADDRESS			
CITY-ST-ZIP	ONTARIO CANADA		5.4 CITY-S	r-ZIP	and the second of the second o	; -	
TITLE	D	☐ DELETE	6.1 TITLE		Company of the Compan	Change	☐ Addition
	FROSST, GORDON D		6.2 NAME				
NAME							

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 receivement to stee 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 of an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 109 TOPOL LANE RR#3 CARP

ONTARIO CANADA

(613)591-6000