

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90567 030 ***150.00

DOCUMENT # L71220

1. Entity Name

OSIRIS HOLDING OF FLORIDA, INC.

759121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4580SW 8TH STREET

3. Mailing Address
2225 SHEPPARD AVE. E.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1100

City & State
MIAMI, FL

City & State
TORONTO, ONTARIO

4. FEI Number
65-0206312

Applied For
Not Applicable

Zip
33134

Country
U.S.A.

Zip
M2J 5C2

Country
CANADA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL

Zip Code
33324

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when registering)

DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: PAUL A. HOUSTON
STREET ADDRESS: 1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP: TORONTO, ON M2J 5C2 CANADA

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: SECRETARY
NAME: LAUREL J. LANGFORD
STREET ADDRESS: 1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP: TORONTO, ON CANADA M2J 5C2

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: TREASURER
NAME: LAUREL J. LANGFORD
STREET ADDRESS: 1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP: TORONTO, ON CANADA M2J 5C2

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: VICE-PRESIDENT
NAME: JOSEPH T. HARDIMAN
STREET ADDRESS: 311 ELM STREET, SUITE 1000
CITY-ST-ZIP: CINCINNATI, OH 45202

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: DIRECTOR
NAME: JEFFREY LOWE
STREET ADDRESS: 1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP: TORONTO, ON CANADA M2J 5C2

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: DIRECTOR
NAME: WILLIAM TOTTLE
STREET ADDRESS: 1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP: TORONTO, ON CANADA M2J 5C2

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laurel J. Langford LAUREL J. LANGFORD

03/26/02

(416) 498-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)