

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

FILED

02 APR 15 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L71220**
1. Entity Name
**AMENDED
OSIRIS HOLDING OF FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4580 SW 8TH STREET		3. Mailing Address 2225 SHEPPARD AVE. E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1100	
City & State MIAMI, FL		City & State TORONTO, ONTARIO	
Zip 33134	Country U.S.A.	Zip M2J 5C2	Country CANADA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206312	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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	State 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
AMENDMENT TO EARLIER REPORT			
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	BRADLEY D. STAM	NAME	
STREET ADDRESS	1100-2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY - ST - ZIP	TORONTO, ON CANADA M2J 5C2	CITY - ST - ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	J.C. OGIER MATHEWES	NAME	
STREET ADDRESS	1680 METROPOLITAN CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	CITY - ST - ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	ANDREW J. GAUNTLEY	NAME	
STREET ADDRESS	#1029 - 4710 KINGSWAY	STREET ADDRESS	
CITY - ST - ZIP	BURNABY, B.C. V5H 4M2	CITY - ST - ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	JOHN LAJOY	NAME	
STREET ADDRESS	1100-2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY - ST - ZIP	TORONTO, ON CANADA M2J 5C2	CITY - ST - ZIP	
TITLE	ASSISTANT SECRETARY	TITLE	
NAME	AZALEA K. ANGELES	NAME	
STREET ADDRESS	1100-2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY - ST - ZIP	TORONTO, ON CANADA M2J 5C2	CITY - ST - ZIP	

300005337203--0
-04/24/02--01014--025
*****61.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laurel J. Langford **LAUREL J. LANGFORD** 04/12/02 (416) 498-2430
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

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

DOCUMENT #
1. Entity Name
OSIRIS HOLDING OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4580SW 8TH STREET Suite, Apt. #, etc.		3. Mailing Address 2225 SHEPPARD AVE. E. Suite, Apt. #, etc. SUITE 1100	
City & State MIAMI, FL		City & State TORONTO, ONTARIO	
Zip 33134	*Country U.S.A.	Zip M2J 5C2	Country CANADA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206312	Apply For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
State 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 _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT PAUL A. HOUSTON 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON M2J 5C2 CANADA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT JOSEPH T. HARDIMAN 311 ELM STREET, SUITE 1000 CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR JEFFREY LOWE 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR WILLIAM TOTTLE 1100 - 2225 SHEPPARD AVE. E. 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)(b), 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 Date: 03/26/02 (416) 498-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)