

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90003 048 ***150.00

09-16-1999 90014 010 ***400.00

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1. Corporation Name

CERTA PROPAINERS LTD. INC.

Principal Place of Business
1140 VALLEY FORGE ROAD
VALLEY FORGE PA 19482
US

Mailing Address
P.O. BOX 718
VALLEY FORGE PA 19482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1992

4. FEI Number

04-3140719

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 150 GREEN TREE AD.

2a. Mailing Address

26 P.O. BOX 718 836

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1003

27

City & State

23 OAKS PA

City & State

28 OAKS PA

Zip

24 19456

Country

25 U.S.

Zip

29 19456

Country

30 U.S.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CHASE, CHARLES E.

STREET ADDRESS 1252 THOMAS RD

CITY-ST-ZIP WAYNE PA

TITLE D ☒ DELETE

NAME BLACK, WILLIAM

STREET ADDRESS 17 WADSWORTH CIR

CITY-ST-ZIP BRAMPTON, ONT, CANADA

TITLE STD ☐ DELETE

NAME CLEMENTS, PAUL W.

STREET ADDRESS R.R. #3

CITY-ST-ZIP STOUFFVILLE, ONT, CAN

TITLE D ☐ DELETE

NAME ROGERS, STEVEN S.

STREET ADDRESS 888 MELTON DRIVE

CITY-ST-ZIP MISSISSAUGA ON

TITLE D ☒ DELETE

NAME FISHER, ROBERT

STREET ADDRESS 45 MASON BLVD.

CITY-ST-ZIP TORONTO, ONT, CANADA

TITLE D ☒ DELETE

NAME PAINE, NICHOLAS

STREET ADDRESS 508A ONTARIO ST

CITY-ST-ZIP TORONTO, ONT, CANADA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☐ Addition

1.2 NAME Scott Patterson

1.3 STREET ADDRESS 51 Bennington Heights Blvd.

1.4 CITY-ST-ZIP Toronto Ontario Canada M4G 1A8

2.1 TITLE Director ☐ Change ☐ Addition

2.2 NAME Jay Hennick

2.3 STREET ADDRESS 15 Old-Forest Hill Road

2.4 CITY-ST-ZIP Toronto Ontario Canada M6C 2G8

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

P. Clements

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 25/99

Date

416-620-9933

Daytime Phone #

CR2E034 (11/98)