FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019284 (7)

1. Corporation Name

SYLHOLDCO INC.

Principal Place of Business	Mailing Address
374 MAIN STREET. WEST SUITE 200 HAMILTON.ONT..CANADA L8P 1K2	374 MAIN STREET. WEST SUITE 200 HAMILTON.ONT..CANADA L8P 1K2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-3170651 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business: 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 or 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOOMANS, HUGH M
STREET ADDRESS	374 MAIN ST., W., SUITE 200
CITY-ST-ZIP	HAMILTON, ONTARIO
TITLE	S
NAME	HEGGART, CHARLES E
STREET ADDRESS	374 MAIN ST., W., SUITE 200
CITY-ST-ZIP	HAMILTON, ONTARIO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1) TITLE		☐ Change ☐ Addition
1) NAME		
1) STREET ADDRESS		
1) CITY-ST-ZIP		
2) TITLE		☐ Change ☐ Addition
2) NAME		
2) STREET ADDRESS		
2) CITY-ST-ZIP		
3) TITLE		☐ Change ☐ Addition
3) NAME		
3) STREET ADDRESS		
3) CITY-ST-ZIP		
4) TITLE		☐ Change ☐ Addition
4) NAME		
4) STREET ADDRESS		
4) CITY-ST-ZIP		
5) TITLE		☐ Change ☐ Addition
5) NAME		
5) STREET ADDRESS		
5) CITY-ST-ZIP		
6) TITLE		☐ Change ☐ Addition
6) NAME		
6) STREET ADDRESS		
6) CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] — April 17 1995 — 905 572 7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0492744 IN