

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015237

1. Entity Name  
**WOLCORP, INC.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90052 046 \*\*\*150.00

Principal Place of Business      Mailing Address  
215 NORTH EOLA DRIVE      215 NORTH EOLA DRIVE  
ORLANDO FL 32801      ORLANDO FL 32801-2028

2. Principal Place of Business      3. Mailing Address  
**5145 City STREET**      **5145 City STREET**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**ORLANDO, FL**      **ORLANDO, FL**      **59-3403992**       Not Applicable  
Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional**  
**32839**      **USA**      **32839**      **USA**      Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**JOHNSON, LORAN A**      Name **JOEL K. SLATER**  
**215 NORTH EOLA DRIVE**      Street Address (P.O. Box Number is Not Acceptable) **5145 City STREET**  
**ORLANDO FL 32801**      City **ORLANDO**      FL      Zip Code **32839**

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]*      **JOEL K. SLATER**      DATE **4-15-00**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      VICE-PRESIDENT

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 Fee will be \$550.00  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, HENRY	NAME	
STREET ADDRESS	1090 DON MILLS ROAD, SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	DON MILLS, ONTARIO, CANADA	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, PAUL	NAME	
STREET ADDRESS	1090 DON MILLS ROAD, SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	DON MILLS, ONTARIO, CANADA	CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, JOEL K	NAME	
STREET ADDRESS	5009 PARK CENTRAL DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, LAURENCE	NAME	
STREET ADDRESS	488 HURON ST	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **JOEL K. SLATER**      DATE **4-15-00**      DAYTIME PHONE # **407-851-6252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)