

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 25 AM 9:07

DOCUMENT # 438531
 1. Entity Name: J.E. DODGE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 P.O. BOX 248
 Suite, Apt. #, etc.

3. Mailing Address
 4301 Gulf Shore Blvd. N.
 Suite, Apt. #, etc.
 PH-5

DO NOT WRITE IN THIS SPACE

City & State
 BROCKVILLE, ONTARIO

City & State
 NAPLES, FL

Zip
 K6V 5V5

Country
 CANADA

Zip
 34103

Country
 USA

4. FEI Number
 59-1497120

Applied For
 Not Applicable

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
 DAVID N. SEXTON

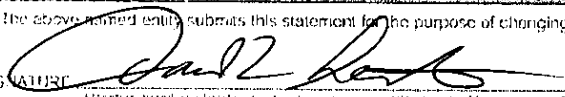
Street Address (P.O. Box Number is Not Acceptable)
 BOND, SCHOENECK & KING, P.A.

4001 Tamiami Trail North, Suite 404

City
 Naples, FL

Zip Code
 34103

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: 7-23-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$97.25
 Make checks payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

OFFICER	P
NAME	DODGE, J.E.
STREET ADDRESS	P.O. BOX 248
CITY-STATE-ZIP	BROCKVILLE, ONTARIO K6V 5V5
TITLE	C
NAME	McMAHON, JAMES
STREET ADDRESS	P.O. BOX 248
CITY-STATE-ZIP	BROCKVILLE, ONTARIO K6V 5V5
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

000006875080
 08/02/02-01046-010
 *****558.75 *****558.75

CR263487 (2/01)

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 included 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 registered 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:  DATE: July 22, 2002

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR