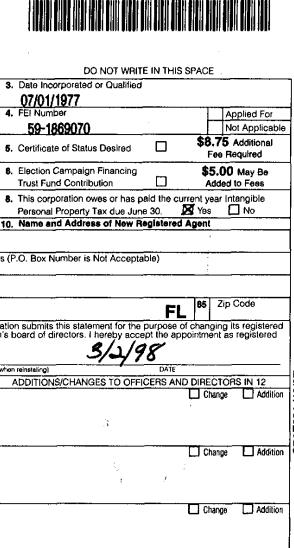
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 538545 (5) R.B. WILLIS AMERICA LTD., INC. Principal Place of Business Mailing Address 2262 CONSTANCE DR. 5811 PELICAN BAY BLVD SUITE 207 **SUITE #210** OAKVILLE ON L6J6G NAPLES FL 99998 07/01/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 59-1869070 26 1 Suite, Apt. #, etc. Suite Apt #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 8. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country Country 24 25 29 9. Name and Address of Current Registered Agent В1 MARNELL, MARY A 5811 PELICAN BAY BLVD #210 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 83 84 City 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. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE WILLIS, RICHARD B. NAME 1.2 NAME 2262 CONSTANCE DRIVE 1.3 STREET ADDRESS STREET ADDRESS **OAKVILLE ON** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE MACBEATH, MARGARET ANNE 2.2 NAME NAME 2262 CONSTANCE DRIVE STREET ADDRESS 2.3 STREET ADDRESS **OAKVILLE ON** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS

FILED Mar 09 1998 8:00am Secretary of State



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 arrangement with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City - ST - ZiP

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE **5.2 NAME**

6.1 TITLE

6.2 NAME

DELETE

DELETE

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CITY-ST-ZIP

STREET ADDRESS

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E. J. Ino

Addition

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Change

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