

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840718

1. Entity Name

LAILAW TRANSPORTATION, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90022 002 ***150.00

Principal Place of Business

Mailing Address

AIRPORT FREEWAY
SUITE 400
TX 76053

ATTN: IVAN R. CAIRNS
3221 NORTH SERVICE RD
BURLINGTON ON L7R 3
US

2. Principal Place of Business

600 SIX FLAGS DRIVE

Suite, Apt. #, etc.

SUITE 300

City & State

ARLINGTON, TEXAS

Zip

76011-6329

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0214148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

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

TITLE VP ☐ Delete

NAME HAWORTH, L W
STREET ADDRESS 1184 DOWLAND CRESCENT
CITY-ST-ZIP BURLINGTON, ONTARIO L7T- 4C9

TITLE VPS ☐ Delete

NAME CAIRNS, I R
STREET ADDRESS 44 CHANCERY DR
CITY-ST-ZIP ANCASTER ON L9G- 4L7

TITLE PD ☒ Delete

NAME BULLOCK, JAMES R
STREET ADDRESS 1237 NORTHSHORE BLVD. APT 1201
CITY-ST-ZIP BURLINGTON ON L7S- 2H8

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME PRESIDENT
STREET ADDRESS JOHN-R. GRAINGER
CITY-ST-ZIP 120 MAPLEWOOD RD., MISSISSAUGA, ON L5G 2M6

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 1, 2000 905-336-1800

Date

Daytime Phone #

CR2E034 (9/99)