☐ Change

☐ Addition

## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 03, 2001 8:00 am Secretary of State DOCUMENT # F0000002135 FIRST RESOLUTION MANAGEMENT CORPORATION 05-03-2001 90948 002 \*\*\*150.00 Principal Place of Business Mailing Address 4190 LOUGHEED HWY., SUITE 401 4190 LOUGHEED HWY., SUITE 401 BURNABY B.C. CANADA **BURNABY B.C. CANADA** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 98-0221505 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **DPS** TITLE ☐ Addition TITLE □ Delete RODENBUSH, CLAYTON T NAME NAME STREET ADDRESS 4190 LOUGHEED HWY., SUITE 401 STREET ADDRESS CITY-ST-ZIP **BURNABY B.C. CANADA** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KENNETH HUGH HEALEY NAME NAME 4190 LOUGHEED HWY., SUITE 401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BURNABY B.C. CANADA ☐ Addition TITLE Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

<u>(Kenneth H.</u> IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME