

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90445 015 ****61.25

DOCUMENT # F00000005371

1. Entity Name

CANADIAN STANDARDS ASSOCIATION INC.

Principal Place of Business

8501 EAST PLEASANT VALLEY ROAD
 CLEVELAND OH 44131-5575

Mailing Address

8501 EAST PLEASANT VALLEY ROAD
 CLEVELAND OH 44131-5575

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **98-0120704**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFIN, ROBERT M	
STREET ADDRESS	178 REXDALE BOULEVARD	
CITY-ST-ZIP	ETOBICOKE, ONT., CANADA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, PETER M	
STREET ADDRESS	178 REXDALE BOULEVARD	
CITY-ST-ZIP	ETOBICOKE, ONT., CANADA	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALCONI, R J	
STREET ADDRESS	178 REXDALE BOULEVARD	
CITY-ST-ZIP	ETOBICOKE, ONT., CANADA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COLVILLE, DAVID C	
STREET ADDRESS	6360 SEAFORTH STREET	
CITY-ST-ZIP	HALIFAX, NOVA SCOTIA, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, DOUGLAS V	
STREET ADDRESS	12 FOREST TRAIL, RR #1	
CITY-ST-ZIP	GORMLEY, ONTARIO, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRION, PHILIPPE	
STREET ADDRESS	467 AUCLAIR CIRCLE	
CITY-ST-ZIP	OTTERBURN PARK, QUE., CANADA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with full other like empowered.

SIGNATURE: _____

Robert M Griffin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01
 Date

416-747-2599
 Daytime Phone #

CR0307 (10/00)