


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90131 013 ***150.00

DOCUMENT # F01000000626

1. Entity Name
ACTIVE INTELLIGENCE CORP.



Principal Place of Business
**1051 CLINTON ST.
STE 212
BUFFALO NY 14206-2823**

Mailing Address
**2100 NIPIGON DRIVE
OAKVILLE, ONTARIO
CANADA L6H 4G3**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
1337 BIRCHVIEW DRIVE
Suite, Apt. #, etc.
City & State
MISSISSAUGA, ONTARIO
Zip
LSH 3E3 Country
CANADA



CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1934285** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST WILLIAMS, SUSAN E 2100 NIPIGON DRIVE, OAKVILLE, ONTARIO CANADA L6H 4G3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALIK, POMPI 2100 NIPIGON DRIVE, OAKVILLE, ONTARIO CANADA L6H 4G3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1337 BIRCHVIEW DRIVE, MISSISSAUGA, ONTARIO CANADA LSH 3E3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1337 BIRCHVIEW DRIVE MISSISSAUGA, ONTARIO, CANADA LSH 3E3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: SIGNATURE REQUIRED Jan 27 2003 Date 905.274.5884 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E03A10/02