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

Mailing Address

SINDOLOS PEQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2100 NIPIGON DRIVE

## F01000000626 **DOCUMENT #**

1. Entity Name

1051 CLINTON ST.

SIGNATURE:

Principal Place of Business

ACTIVE INTELLIGENCE CORP.



## **FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90131 013 \*\*\*150.00

905.274.5884

| STE 212<br>BUFFALO NY                          | 14206-2823                              |                             | OAKVILLE. ONTARIO<br>CANADA L6H 4G3 |   |   |                        |                       |   |                     |   |                   |                          |            |
|--|---|-----------------------------|-------------------------------------|---|---|------------------------|-----------------------|---|---------------------|---|-------------------|--------------------------|------------|
| 2. Principal Place of Business                 |   |                             |                                     | 3. Mailing Address 1337 BIRCHVIEW DRIVE |   |                        |                       |   |                     | 1   <b>                                   </b>  |                   | EANT EENTO ENAME         |            |
| Suite, Apt. #, etc.                            |   |                             |                                     |   | Suite, Apt. #, etc.   |                        |                       |   |                     | CHECK HERE IF MAKING CHANGES  |                   |                          |            |
| City & State                                   |   |                             |                                     | MI                                      | / & State<br>\$ \$ 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | NTARIO                 |                       | <b>4.</b> FI  | El Number 41-193428 | er 41-1934285 Applied For Not Applicable  |                   |                          |            |
| Zip  |   | Country                     |                                     | LS                                      | -H .3E3   |                        | NAD                   |   | <b>5.</b> C         | ertificate of Status Desired  | 1 1               | \$8.75 Ad<br>Fee Require | ditional   |
|  | and Addres                              | s of Current Re             | egistere                            | ed Agent                                |   |                        | 7. N                  | ame and Address of New                                  | Registered /        | gent  |                   |                          |            |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET   |   |                             |                                     |   |   |                        |                       | Name Street Address (P.O. Box Number is Not Acceptable) |                     |   |                   |                          |            |
| TALLAHA  | 301-2525                                |                             |                                     |   |   |                        | · v                   |   |                     |   |                   |                          |            |
|  |   |                             |                                     |   |   |                        | City                  |   | •                   |   | FL                | Zip Cod                  | le         |
| 8. The above the obligat                       | named entity<br>tions of registe        | submits this<br>cred agent. | s statement for the                 | he purp                                 | ose of changing i   | ts registere           | ed office o           | r registere   | d age               | nt, or both, in the State of F  | lorida. I am f    | amiliar with,            | and accept |
| SIGNATURE .                                    | Signature, typed o                      | or printed name o           | fregistered agent and               | title il app                            | olicable. (NC   | OTE: Registere         | d Agent signat        | ture required v   | vhen rein           | stating)  | DATE              |                          |            |
| After  | ILE NOW!!!<br>May 1, 2003<br>Payable to | 3 Fee will i                |                                     | tate                                    |   | <del></del>            |                       | •   |                     | 9. Election Campaign Fi<br>Trust Fund Contribution  |                   |                          | May Be     |
| 10.  | ·                                       | OF                          | FICERS AND DI                       | RECTO                                   | RS  | 11.                    |                       |   | ADD                 | ITIONS/CHANGES TO OF  | FICERS AND        | DIRECTOR                 |            |
| TITLE<br>NAME                                  | PCST<br>WILLIAMS,                       |                             | OMORILE                             | MITAR                                   | ☐ Delete  | TITLE                  | E                     |   |                     |   | in.               | Change                   | Addition   |
| STREET ADDRESS<br>CITY-ST-ZIP                  | CANADA L                                |                             | , oakville, o                       | MIAN                                    | IU  |                        | ET ADDRESS<br>-ST-ZIP |   |                     | BIRCHVIEW DR<br>L <u>L5H_3E3</u>  | ave, mis          | 5155 AU                  | CA , ONTHE |
|  |   | ON DRIVE                    | OAKVILLE, O                         | )NTARI                                  | ☐ Delete  | TITLE<br>NAME<br>STREE | E                     |   | •                   | RCH VIEW DRIN   | ie                | Change                   | Addition . |
| CITY-ST-ZIP<br>TITLE                           | CANADA L                                | 5H 4G3                      | · Francisco                         |   |   | _                      | -ST-ZIP               | MISS  | 1551                | auga, ontaric   | , CAMA            |                          | 54 3E3     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   |                             |                                     |   | Delete  |                        |                       |   |                     |   | (mai) — Sa iliman | · Change ·               | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-21P |   |                             | · :                                 |   | □ Đelete  |                        |                       |   |                     |   |                   | ☐ Change                 | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ,                                       |                             |                                     |   | ☐ Delete  |                        |                       | ****  | •                   |   |                   | ☐ Change                 | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |                             |                                     |   | ☐ Delete  |                        | 1                     | •   |                     |   |                   | Change                   | Addition   |
| of the corp                                    | oration or the                          | receiver or                 | rustee empowe                       | red to e                                |   | ny signati             |                       |   |                     | 9.07(3)(i), Florida Statutes.<br>al effect as if made under o<br>Statutes; and that my name |                   |                          |            |