

# 2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000003481

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: GPRA THOROUGHBRED TRAINING CENTER, INC.

**Current Principal Place of Business:**

455 MAGNA DR  
2ND FLOOR  
AURORA, ON L4G 7A9 CA

**New Principal Place of Business:**

455 MAGNA DRIVE, 2ND FLOOR  
AURORA, ON L4G 7A9 CA

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 98-0342326      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: COLEMAN, ANGIE  
Address: 455 MAGNA DRIVE  
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: EVP  
Name: STRACHAN, LYLE  
Address: 455 MAGNA DRIVE, 2ND FLOOR  
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: VPRE  
Name: ROGERS, MIKE  
Address: 455 MAGNA DRIVE, 2ND FLOOR  
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: CONT  
Name: COLEMAN, ANGIE  
Address: 455 MAGNA DRIVE, 2ND FLOOR  
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: V/GM  
Name: VANDENBROEK, GARY  
Address: 455 MAGNA DRIVE, 2ND FLOOR  
City-St-Zip: AURORA, ON L4G 7A9 CA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIGNED

DV

04/26/2012

Electronic Signature of Signing Officer or Director

Date