

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:

Current Mailing Address:

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

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