

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

DOCUMENT # **F01000003899**

1. Entity Name
VISIBLE GENETICS CORP.



Principal Place of Business
25 CRESTRIDGE DR.
SUWANEE GA 30024

Mailing Address
25 CRESTRIDGE DR.
SUWANEE GA 30024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2876035**

Applied For
 Not Applicable

Zip Country

Zip Country

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PC**
 STREET ADDRESS **DALY, RICHARD T**
 CITY-ST-ZIP **700 BAY ST., SUITE 1000/TORONTO, ONTARIO CANADA M5G 1Z6**

☐ Delete

TITLE
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME **DV**
 STREET ADDRESS **CLARKE, THOMAS J**
 CITY-ST-ZIP **25 CRESTRIDGE DR. SUWANEE GA 30024**

☐ Delete

TITLE
 NAME **DT**
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME **D**
 STREET ADDRESS **ELLIS, TIMOTHY**
 CITY-ST-ZIP **25 CRESTRIDGE DR. SUWANEE GA 30024**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME **SD**
 STREET ADDRESS **ETHIER, MARGUERITE**
 CITY-ST-ZIP **700 BAY ST, SUITE 1000, TORONTO, ONTARIO CANADA M5G 1Z6**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDMUND J. COLEMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 2002 **416-813-3256**
 Date Daytime Phone #

0110973 AT

CR2E034 (4/02)