

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005468

FILED
Mar 31, 2004
Secretary of State

Entity Name: CHICOBURG, INCORPORATED

Current Principal Place of Business:

29 LYNHURST AVE.
OTTAWA ONTARIO CANADA K1V9W8,

New Principal Place of Business:

29 LYNHURST AVE.
OTTAWA, ON K1V9W8 CA

Current Mailing Address:

29 LYNHURST AVE.
OTTAWA ONTARIO CANADA K1V9W8,

New Mailing Address:

29 LYNHURST AVE.
OTTAWA, ON K1V9W8 CA

FEI Number: 13-3110858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JANUS, DIETER
Address: 327 NIVEN RD.
City-St-Zip: NIAGARA ON THE LAKE, ONTARIO, L0S1J0

Title: TD () Delete
Name: HINRICH SENDEL, HANS
Address: ALSENSTRASSE 3
City-St-Zip: 23556 LUBECK, GERMANY,

Title: VPD () Delete
Name: FELDCAMP, KAREN
Address: 5 CHALMERS DR.
City-St-Zip: BARRIE ONTARIO, CANADA, L4N8A2

Title: SD () Delete
Name: JACKSON, CHRISTINE
Address: 29 LYNHURST AVE.
City-St-Zip: OTTAWA ONTARIO CANADA K1V9W8,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JANUS, DIETER
Address: 327 NIVEN RD.
City-St-Zip: NIAGARA ON THE LAKE,, ON L0S1J0 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: FELDCAMP, KAREN
Address: 5 CHALMERS DR.
City-St-Zip: BARRIE, ON L4N8A2 CA

Title: SD (X) Change () Addition
Name: JACKSON, CHRISTINE
Address: 29 LYNHURST AVE.
City-St-Zip: OTTAWA, ON K1V9W8 CA

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE JACKSON

SD

03/31/2004

Electronic Signature of Signing Officer or Director

_____ Date