

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000006375	
1. Entity Name INTERNATIONAL ROAD DYNAMICS CORPORATION	



FILED

07 OCT 24 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2402 SPRING RIDGE DR. SUITE E SPRING GROVE, IL 60068-1	Mailing Address 2402 SPRING RIDGE DR. SUITE E SPRING GROVE, IL 60068-1
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 702-43rd St. East	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Saskatoon, SK	
Zip	Country	Zip S7K 3T9	Country Canada



10102078 (1/07)

**REINSTATEMENT**

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4. FEI Number 38-3522856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, MICHAEL 702 43RD STREET EAST SASKATOON, SK S7K3T9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600111300716 10/24/07--01049--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTON, HARVEY 702 43RD STREET EAST SASKATOON, SK S7K3T9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSON, RANDY 702 43RD STREET EAST SASKATOON, SK S7K3T9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$710/26
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BERGAN, TERRY 702 43RD STREET EAST SASKATOON, SK S7K3T9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, RAY 702 43RD STREET EAST SASKATOON, SK S7K3T9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKINNON, JANICE 702 43RD STREET EAST SASKATOON, SK S7K3T9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	04/17/07 306-653-9741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #