2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F03252** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** FORIS-RATING HOLDINGS (FLORIDA), INC. 01-28-2000 90206 020 ***150.00 Principal Place of Business Mailing Address PO BOX 2111 101 E. KENNEDY BLVD. BARNETT PLAZA. SUITE 1240 TAMPA FL 33601-2111 **TAMPA FL 33602** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2162837 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEYCK, JR. J Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD. **BARNETT PLAZA SUITE 1240 TAMPA FL 33602** 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition **PSDC** TITLE TITLE ☐ Delete DIENER, STEVEN G. NAME NAME 133 St. Leonards Avenue 2 ST CLAIR AVE EAST STE 1205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TORONTO CA M4T-2T5** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ ☐ Charige ~ TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

-SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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Jan 12/00 416-975 1965

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