

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90018 038 ***158.75

DOCUMENT # F04000002077	
1. Entity Name WESTWIND PARTNERS (USA) INC.	

Principal Place of Business C/O WESTWIND PARTNERS, INC. 70 YORK ST., 10TH FL, TORONTO, ONTARIO CANADA M5J 1S9,	Mailing Address C/O WESTWIND PARTNERS, INC. 70 YORK ST., 10TH FL, TORONTO, ONTARIO CANADA M5J 1S9,
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40004000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042008 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. ROWLANDS, H. ALEXANDER 70 YORK STREET, 10TH FLOOR TORONTO, ONT., CANADA, ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND CHIEF COMPLIANCE OFFICER ARLEY JEFFREY ROSS 70 YORK ST, 10th FLOOR TORONTO, ON. CANADA. ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, KEITH R 70 YORK STREET, 10TH FLOOR TORONTO, ONT., CANADA, ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCCP EISENSTAT, JULIE 70 YORK STREET, 10TH FLOOR TORONTO, ONT., CANADA, ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENSTAT, JULIE 70 YORK STREET, 10TH FLOOR TORONTO, ONT., CANADA, ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 4/08 416-815-3070

40062303

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À l'usage exclusif du ministère



**Ministry of
Government Services**

Ontario

CERTIFICATE

This is to certify that these articles
are effective on

JANUARY 02 JANVIER, 2008

F04000002077
Ministère des
Services gouvernementaux

Ministère des
Services gouvernementaux

CERTIFICAT

**Ceci certifie que les présents statuts
entrent en vigueur le**

Ontario Corporation Number
Numéro de la société en Ontario

2029166

[Signature]
Director / Director

Director / Directrice
Business Corporations Act / Loi sur les sociétés par actions

ARTICLES OF AMENDMENT
STATUTS DE MODIFICATION

**Form 3
Business
Corporations
Act**

Formule 3
Loi sur les
sociétés par
actions

1. The name of the corporation is: (Set out in BLOCK CAPITAL LETTERS)
Dénomination sociale actuelle de la société (écrire en LETTRES MAJUSCULES SEULEMENT):

[illegible]

2. The name of the corporation is changed to (if applicable): (Set out in BLOCK CAPITAL LETTERS)
Nouvelle dénomination sociale de la société (s'il y a lieu) (écrire en LETTRES MAJUSCULES SEULEMENT):

[illegible]

3. Date of incorporation/amalgamation:
Date de la constitution ou de la fusion :

2003-07-04

(Year, Month, Day)
(année, mois, jour)

4. Complete only if there is a change in the number of directors or the minimum / maximum number of directors.
Il faut remplir cette partie seulement si le nombre d'administrateurs ou si le nombre minimal ou maximal d'administrateurs a changé.

Number of directors is/are: or minimum and maximum number of directors is/are:
 Nombre d'administrateurs : ou nombres minimum et maximum d'administrateurs :

Number or minimum and maximum
 Nombre ou minimum et maximum

11

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5. The articles of the corporation are amended as follows:
Les statuts de la société sont modifiés de la façon suivante :

By changing the name of the corporation to Thomas Weisel Partners (USA) Inc.

ATTACHMENT

2

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F04000002077

6. The amendment has been duly authorized as required by sections 168 and 170 (as applicable) of the *Business Corporations Act*.
La modification a été dûment autorisée conformément aux articles 168 et 170 (selon le cas) de la Loi sur les sociétés par actions.
7. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on
Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le

2008-Jan-02

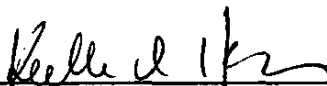
(Year, Month, Day)
(année, mois, jour)

These articles are signed in duplicate.
Les présents statuts sont signés en double exemplaire.

WESTWIND PARTNERS (USA) INC.

(Name of Corporation) (If the name is to be changed by these articles set out current name)
(Dénomination sociale de la société) (Si l'on demande un changement de nom, indiquer ci-dessus la dénomination sociale actuelle).

By/
Par :



(Signature)
(Signature)

Chief Financial Officer

(Description of Office)
(Fonction)