## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # F15040** CITYXPRESS.COM CORP 01-26-2001 90007 019 \*\*\*150.00 Principal Place of Business Mailing Address 1727 WEST BROADWAY., SUITE 200 1727 WEST BROADWAY., SUITE 200 VANCOUVER B.C. VANCOUVER B.C. V6J 4W6 V6J 4W6 OC 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number APPLIED FOR Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCEO TITLE ☐ Delete ☐ Change ☐ Addition TITLE DUBOIS, PHIL M NAME NAME 1727 WEST BROADWAY., SUITE 200 STREET ADDRESS STREET ADDRESS **V6J 4W6** CITY-ST-ZIP CITY-ST-ZIP CFOD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRADLEY, KEN R NAME NAME 1727 WEST BROADWAY., SUITE 200 STREET ADDRESS STREET ADDRESS V6J 4W6- - ----CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE TITLE ☐ Change ☐ Addition FORGERON, BRENT NAME NAME 1727 WEST BROADWAY., SUITE 200 STREET ADDRESS STREET ADDRESS **V6J 4W6** CITY-ST-ZIP CITY-ST-ZIP COBD ☐ Delete TITLE ☐ Change ☐ Addition SPENCER, KEN NAME NAME 1727 WEST BROADWAY., SUITE 200 STREET ADDRESS STREET ADDRESS V6J 4W6 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change SMART, BOB NAME 1727 WEST BROADWAY., SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP V6J 4W6 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition THOMAS, IAN NAME NAME 1727 WEST BROADWAY., SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

\*\*SIGNATURE:\*\*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN