

Amended 2002
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # F55076

1. Entity Name

AMENDED
SECURITY TRUST PLANS, INC.

02 APR 15 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2101 NW 33RD STREET

Suite, Apt. #, etc.

3. Mailing Address
2225 SHEPPARD AVE. E.

Suite, Apt. #, etc.

SUITE 1100

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL

City & State
TORONTO, ONTARIO

4. FEI Number
59-2150129

Applied For
Not Applicable

Zip
33609

Country
U.S.A.

Zip
M2J 5C2

Country
CANADA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL Zip Code
33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMENDMENT TO EARLIER REPORT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005338403--5 -04/25/02--01004--009 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT BRADLEY D. STAM 1100-2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT J.C. OGIER MATHEWES 1680 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JOHN LAJOY 1100-2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY AZALEA K. ANGELES 1100-2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: L. Langford LAUREL J. LANGFORD

04/12/02

(416) 498-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

SECURITY TRUST PLANS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2101 NW 33RD STREET

3. Mailing Address
2225 SHEPPARD AVE. E.

Suite, Apt. #, etc.
SUITE A800

Suite, Apt. #, etc.
SUITE 1100

City & State
POMPANO BEACH, FL

City & State
TORONTO, ONTARIO

4. FEI Number
59-2150129

Applied For
Not Applicable

Zip
33609

Country
U.S.A.

Zip
M2J 5C2

Country
CANADA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

DP211. Registered Agent signature required when substituting.

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT PAUL A. HOUSTON 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON M2J 5C2 CANADA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE-PRESIDENT JOSEPH T. HARDIMAN 311 ELM STREET, SUITE 1000 TORONTO, ON CANADA M2J 5C2
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR JEFFREY LOWE 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR WILLIAM TOTTLE 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LAUREL J. LANGFORD

03/26/02

(416) 498-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034B (12/01)