2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9300000791 Mar 29, 2000 8:00 am **Secretary of State** PREMDOR CORPORATION 03-29-2000 90029 044 ***150.00 Mailing Address Principal Place of Business HOLLAND & KNIGHT / ATTN: KATHLEEN WHEELER ONE N. DALE MABRY SUITE 950 400 NORTH ASHLEY #2300 / P.O. BOX 1288 TAMPA FL 33601-1288 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 38-1422703 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ORSINO, PHILIP S NAME NAME STREET ADDRESS 1600 BRITANNIA RD. E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MISSISSAUGA, ONT L4W1J2 ☐ Change ☐ Addition TITLE ☐ Delete ULSTER, HARLEY NAME STREET ADDRESS 1600 BRITANNIA RD., E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MISSISSAUGA, ONT L4W1J2 ☐ Change Addition ☐ Delete TITLE TITLE TUBBESING, ROBERT V NAME NAME STREET ADDRESS 1600 BRITANNIA RD., E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MISSISSAUGA, ONT L4W1J2 ☐ Change Addition ☐ Delete TITLE TITLE MACISAAC, STEVE NAME NAME ONE N. DALE MABRY SUITE 950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. Thereby 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 a statechment with an address, with all other like empowered.

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/0 813-877

Daytime Phone #