

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90029 044 ***150.00

DOCUMENT # F93000003793

1. Entity Name
WOODFIELD PARTNERS GP, INC.



Principal Place of Business
**2200 YONGE STREET
SUITE 1600
TORONTO, ON m4s-2c6 CA**

Mailing Address
**2200 YONGE STREET
SUITE 1600
TORONTO, ON m4s-2c6 CA**

44011307



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2496459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	CLARKE, MIKE
STREET ADDRESS	2200 YONGE ST. STE 1600
CITY-ST-ZIP	TORONTO, ONT, CA m4s 2c6
TITLE	VAS
NAME	JULIEN, ROBERT
STREET ADDRESS	2200 YONGE ST. SUITE 1600
CITY-ST-ZIP	TORONTO, ONT, CA m4s 2c6
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

1/13/04
Date

416-485-0477
Daytime Phone #