2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90060 008 ***150.00

DOCUMENT # F93000004071

1. Entity Name
BCB USA CORP.

Principal Place of Business	Mailing Address
5405 CYPRESS CENTER DR SUITE 100 TAMPA FL 33609	5405 CYPRESS CENTER DR SUITE 100 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-1947565 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO WEISE, FRANK E III 207 QUEENS QUAY WEST, STE. 800 TORONTO, ONT., CANADA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 207 Queens Quay, Ste. 340
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLUESTEIN, DAVID 5405 CYPRESS CENTER DRIVE, STE. 100 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV RICHARDSON, PAUL 207 QUEENS QUAY WEST, STE. 800 TORONTO, ONTARIO CANADA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sen. VP, Secretary & Director ☒ Change ☐ Addition Mark Halperin 207 Queens Quay West, STE. 340
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV LIEBZEIT, ED 2620 FAIRVIEWS PLACE W. WILSON WY 83014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - Finance ☐ Change ☒ Addition Jeff Blade 5405 Cypress Center Drive, Ste. 100 Tampa, FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV VIRMANI, PREM 5650 WHITESVILLE RD., STE. 201 COLUMBUS GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exe. VP & Director ☐ Change ☒ Addition Raymond P. Silcock 207 Queen's Quay West, Ste. 340 Toronto, Ontario M5J 1A7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRAIS, CHRISTINA 207 QUEEN'S QUAY WEST, STE. 800 TORONTO, ONTARIO CANADA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - Treasurer ☐ Change ☒ Addition CatherineBrennan 207 Queen's Quay West, Ste. 340 Toronto, Ontario M5J 1A7

CR2E034 (10/00)

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: _____ MARK HALPERN 3/3/01 (416)203-5804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #