

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001253 (3)**

1. Corporation Name  
**MFP TECHNOLOGY SERVICES INC.**

**FILED**  
**Jul 13 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2281 N. SHERIDAN WAY  
MISSISSAUGA ONTARIO L5K 2S3**

Mailing Address  
**2281 N. SHERIDAN WAY  
MISSISSAUGA ONTARIO L5K 2S3**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MOON, TIM  
704 WEKIVA SPRINGS ROAD  
#213  
LONGWOOD FL 32779**

3. Date Incorporated or Qualified

**03/14/1994**

4. FEI Number

**13-3493558**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS          | CITY-ST-ZIP                  | DELETE                              |
|-------|-------------------|-------------------------|------------------------------|-------------------------------------|
| DP    | WOLFRAM, J P      | 2313 CHEVERIE STREET    | OAKVILLE, ONTARIO L6J 6B2    | <input type="checkbox"/>            |
| DV    | WADE, GARY        | 1435 GREENRIDGE CIRCLE  | OAKVILLE, ONTARIO L6M 2J9    | <input checked="" type="checkbox"/> |
| V     | SMETHURST, G.W.W. | 1511 STONEYBROOK TRAIL  | OAKVILLE, ONTARIO L6M 2R4    | <input checked="" type="checkbox"/> |
| V     | BALDUZZI, PETER   | 1436 THE LINKS DRIVE    | OAKVILLE, ONTARIO L6M 2R4    | <input type="checkbox"/>            |
| V     | TRAIN, LAURA      | 2953 COULSON COURT      | MISSISSAUGA, ONTARIO L5M 5S8 | <input checked="" type="checkbox"/> |
| V     | HENDERSON, CHRIS  | 58 PEELTON HEIGHTS ROAD | BRAMPTON, ONTARIO L6Y 2J2    | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME                 | 1.3 STREET ADDRESS   | 1.4 CITY-ST-ZIP              | Change                   | Addition                            |
|-----------|--------------------------|----------------------|------------------------------|--------------------------|-------------------------------------|
| D/V/S     | SUZANNE C. MICHAELSON    | 2081 NIPIGON DRIVE   | OAKVILLE, ONTARIO L6H 4G3    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V         | ROBERT D. WRIGHT         | 255 TROWBRIDGE PLACE | OAKVILLE, ONTARIO L6L 6A4    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V         | IRENE PAYNE              | 536 CARDIFF DRIVE    | OAKVILLE, ONTARIO L6J 6P1    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V         | MICHAEL ANTHONY FLANAGAN | 2154 ONEIDA CRESCENT | MISSISSAUGA, ONTARIO L5C 1V6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME                 | 6.3 STREET ADDRESS   | 6.4 CITY-ST-ZIP              | Change                   | Addition                            |
|           |                          |                      |                              | <input type="checkbox"/> | <input type="checkbox"/>            |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Suzanne C. Michaelson, VP, Gen. Counsel & Secretary

09, 1998 (905) 855-2500

CR2E034 (5/98)