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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90092 020 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000001253

1. Corporation Name

MFP TECHNOLOGY SERVICES INC.  
MFP FINANCIAL SERVICES (OF DELAWARE) INC.  
CROSS REF.: MFP FINANCIAL SERVICES INC.

Principal Place of Business

2281 N. SHERIDAN WAY  
MISSISSAUGA ONTARIO L5K 2S3

Mailing Address

2281 N. SHERIDAN WAY  
MISSISSAUGA ONTARIO L5K 2S3

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

UNITED CORPORATE SERVICES, INC.

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

9200 South Dadeland Blvd.  
Ste 508

83

84 City

Miami

FL

85 Zip Code

33156

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

*Tim Moon* President United Corporate Services

4/23/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP  
NAME WOLFRAM, J P  
STREET ADDRESS 2313 CHEVERIE STREET  
CITY-ST-ZIP OAKVILLE, ONTARIO L6J 6B2

TITLE DVS  
NAME MICHAELSON, SUZANNE C  
STREET ADDRESS 2081 NIPIGON DR.  
CITY-ST-ZIP OAKVILLE, ONTARIO L6H 4G3

TITLE V  
NAME WRIGHT, ROBERT  
STREET ADDRESS 255 TROWBRIDGE PLACE  
CITY-ST-ZIP OAKVILLE, ONTARIO L6L 6A4

TITLE V  
NAME BALDUZZI, PETER  
STREET ADDRESS 1436 THE LINKS DRIVE  
CITY-ST-ZIP OAKVILLE, ONTARIO L6M 2R4

TITLE V  
NAME PAYNE, IRENE  
STREET ADDRESS 536 CARDIFF DR.  
CITY-ST-ZIP OAKVILLE, ONTARIO L6J 6P1

TITLE V  
NAME FLANAGAN, MICHAEL A  
STREET ADDRESS 2154 ONEIDA CRESCENT  
CITY-ST-ZIP MISSISSAUGA, ONTARIO L5C-1V6

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME WOLFRAM, J. PETER

1.3 STREET ADDRESS 2281 N. SHERIDAN WAY

1.4 CITY-ST-ZIP MISSISSAUGA, ON L5K 2S3

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME MICHAELSON, SUZANNE C.

2.3 STREET ADDRESS 2281 N. SHERIDAN WAY

2.4 CITY-ST-ZIP MISSISSAUGA, ON L5K 2S3

3.1 TITLE V ☒ Change ☐ Addition

3.2 NAME WRIGHT, ROBERT

3.3 STREET ADDRESS 2281 N. SHERIDAN WAY

3.4 CITY-ST-ZIP MISSISSAUGA, ON L5K 2S3

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME BALDUZZI, PETER

4.3 STREET ADDRESS 2281 N. SHERIDAN WAY

4.4 CITY-ST-ZIP MISSISSAUGA, ON L5K 2S3

5.1 TITLE V ☒ Change ☐ Addition

5.2 NAME PAYNE, IRENE

5.3 STREET ADDRESS 2281 N. SHERIDAN WAY

5.4 CITY-ST-ZIP MISSISSAUGA, ON L5K 2S3

6.1 TITLE V ☐ Change ☐ Addition

6.2 NAME FLANAGAN, MICHAEL

6.3 STREET ADDRESS 2281 N. SHERIDAN WAY

6.4 CITY-ST-ZIP MISSISSAUGA, ON L5K 2S3

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SUZANNE C. MICHAELSON - V.P.

Date

Daytime Phone #

CR2E034 (11/98)