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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F94000004752

1. Corporation Name

BF USB INC.

Principal Place of Business	Mailing Address
1780 BURNS AVENUE ST LOUIS MO 63101	1780 BURNS AVENUE ST LOUIS MO 63101

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business
21 1780 Burns Avenue
Suite, Apt. #, etc. 22
City & State 23: St. Louis, Missouri
Zip 24: 63101 Country 25: U.S.A.

2a. Mailing Address
26 295 The West Mall
Suite, Apt. #, etc. 27: Suite 600
City & State 28: Toronto, Ontario
Zip 29: M9C 4Z4 Country 30: Canada

4. FEI Number: 43-1688835 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PALUCH, BRIAN 1780 BURNS AVENUE ST LOUIS MO 63101	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D PALUCH, BRIAN 1780 BURNS AVENUE ST LOUIS MO 63101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KINGDON, RAYMOND W. 295 THE WEST MALL, STE 600 TORONTO, ONTARIO M9C 4Z4	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/T/D BENSON, RANDALL C. 295 THE WEST MALL, STE 600 TORONTO, ONTARIO M9C 4Z4	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T BENSON, RANDALL C. 295 THE WEST MALL, STE 600 TORONTO, ONTARIO M9C 4Z4	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT WAITE, DOUGLAS 295 THE WEST MALL, STE 600 TORONTO, ONTARIO M9C 4Z4	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAWRENCE, JACQUELINE G. 295 THE WEST MALL, STE 600 TORONTO, ONTARIO M9C 4Z4	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	000002207320 -06/10/97--01038--038 ***165.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS TANNON, JAY M. 3200 PROVIDIAN CENTER, 30TH FLOOR LOUISVILLE KY 40202	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	CS 6/2/97	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: J Lawrence Jacqueline G. Lawrence, Secretary (416) 695-5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #