Mar 17, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400006667

1. Corporation Name

SNOW POWDER RIDGE (U.S.) LTD., INC

SINOW F	OWNER HIDGE (0.3.) LID	J., ING.							
Principal Place	e of Business	Mailing Address				I IN DITABLE TOTAL DIRIT OF	III 66 II 56 II 67 II	8 DULE SULID BULL	A Mitter samer range
80 RICHMOND	ST., W.	80 RICHMOND ST., W							
SUITE #2000		SUITE #2000							
TORNOTO ON M5H 2-4		TORONTO ON M5H 2-4			DO NOT WRITE IN THIS SPACE				
CA		CA				3. Date Incorporated or Qua 12/29/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				98-0129819			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desire	ed 🗆	•	Additional equired
City & State	e	City & State	_			6. Election Campaign Finance	ina	\$5.00	May Be
23		28				Trust Fund Contribution	.	•	to Fees
Zip	Country	Zip	· Count	try	-	8. This corporation owes the	current year in	tangible	
24	25	29	30			Personal Property Tax.	ŕ	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of N	ew Registered	Agent	
			8	B1 1	Name				
	CORPORATION SYSTEM		9	82 5	Street Addre	ess (P.O. Box Number is Not Ac	rentable)		
	SOUTH PINE ISLAND ROAD		۱	·	Sueet Addre	699 (1 .O. DOX HUMBO) 19 HOL MO	cpublic)		
PLAN	NTATION FL 33324		8	B3			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			8	84 (City		FL	85 Zip	Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig-	e of Florida. Such change was	authorized t	by the	e corporatio	n's board of directors. I hereby a	ccept the appo	intment as re	egistered
SIGNATURE			-				DATE		<u></u>
	Signature, typed or printed name of registered age	<u> </u>		gent si	gnature required	when reinstating)	OATE	ND DIRECTO	
12.	OFFICERS A	ND DIRECTORS	13.		gnature required	when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	DR\$ IN 12
12.	OFFICERS A	<u> </u>	13. 1.1 TITLE	E	gnature required				
12. TITLE NAME	OFFICERS A PD COLE, STEPHEN	ND DIRECTORS	13. 1.1 TITLE 1.2 NAM	E					
12. TITLE NAME STREET ADDRESS	OFFICERS A PD COLE, STEPHEN 12 BARNWOOD CT	ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E IE EET AD	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD COLE, STEPHEN 12 BARNWOOD CT DON MILLS, ONT CANAD M3A	A3C1	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	E IE EET AD (- ST-Z)	DORESS			☐ Change	☐ Addition
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14. CITY-ST-ZIP

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: STEPHEND OR PRINTED NA

MAR 5/99 416-364-970

32E034 (11/98)