

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000000522**

1. Entity Name

EAGLE FINANCIAL ASSOCIATES, INC.**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90451 040 ***150.00

00032911

DO NOT WRITE IN THIS SPACE

Principal Place of Business 311 ELM STREET SUITE 1000 CINCINNATI OH 45202		Mailing Address 4126 NORLAND AVENUE BURNABY, BC V5G3S8 CANADA	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2225 SHEPPARD AVENUE EAST Suite, Apt. #, etc. ATRIA NORTH III - 11TH FLOOR	
City & State		City & State TORONTO, ONTARIO	
Zip	Country	Zip	Country
		M2J 5B5	CANADA
4. FEI Number 62-1527687		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$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	SD HYNDMAN, PETER S 4126 NORLAND AVENUE BURNABY, B.C. V5G 3S8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HAWES, DWIGHT K 4126 NORLAND AVE. BURNABY, B.C., CANADA V5G -3S8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		(Peter S. Hyndman) March 6, 2001 (416) 498-2451 <small>Date Daytime Phone #</small>	

CR2E034 (10/00)