COR ANNL	PROFIT RPORATION JAL REPORT <b>1996</b>			DA DEPARTME Sandra B. Mo Secretary of SION OF CORE	ortham State				
DOCU!	MENT #	F95000	0001688	B (9)					
•	TER CANADIAN			• •					
Principal Place of Business Mailing Address									
2600 SEVEN WINNIPEG I	N EVERGREEN PLACE MANITOBA, CA R3L2T3			EVERGREEN P ANITOBA. CA F					
Description Div						3. Date Incorporated or Qualifie 04/07/1995	od <b>3a</b> . Da	te of Last F	Report
. Principal Pla }	ace of Business		2a. Mailing Addro	ess		4. FEI Number	1	ļ	Applied For
Suite, Apt. #	#, etc.		Suite, Apt. #,	, etc.		APPLIED FOR			Not Applicable  Additional
City & State	9		City & State			5. Certificate of Status Desired		Fee	Required
<u>                                     </u>			28			6. Election Campaign Financing Trust Fund Contribution	, 🗆		May Be
Zip	Counti <b>25</b>		Zip <b>29</b>	30	Country	8. This corporation has liability	for intangible t		
	9. Name and Addr	ess of Current R	egistered Agent	·····	81 Name	10. Name and Address of Nev	w Registered	Agent	
RRINKI	MAN, LÍNDA C				81 Name				
500 FIF	FTH AVENUE SOUTI	H, STE 509			82 Street Add	dress (P.O. Box Number is Not Accep	table)		
500 FIF	FTH AVENUE SOUTI S FL 33940	H, STE 509			82 Street Add	tress (P.O. Box Number is Not Accep	table)		
500 FIF	FTH AVENUE SOUTI	러, STE 509				tress (P.O. Box Number is Not Accep		<b>85</b> Zi	ρ Code
500 FIF NAPLES	FTH AVENUE SOUTI S FL 33940	ions 607 0502 and	d 607.1508, Florida	a Statutes, the a	83 84 City		FL		
500 FIF NAPLES	FTH AVENUE SOUTI S FL 33940	ions 607.0502 and	d 607.1508, Florida Such change was a 607.0505, Florida S	a Statutes, the a authorized by th Statutes.	83 84 City	dress (P.O. Box Number is Not Accept oration submits this statement for the ard of directors. I horeby accept the a	FL		
500 FIF NAPLES  I. Pursuant to or registere familiar with	FTH AVENUE SOUTI S FL 33940 o the provisions of Sect ed agent, or both, in the ed agent, or both, in the in, and accept the obliga	ions 607.0502 and State of Florida ations of, Section (	607.0505, Florida 5	Statutes.	84 City above named corporation's boar	oration submits this statement for the and of directors. I horeby accept the a	FL purpose of ch ppointment as		
500 FIF NAPLES  I. Pursuant to or registere familiar with GNATURE	FTH AVENUE SOUTI S FL 33940 o the provisions of Sect ed agent, or both, in the in, and accept the obligations, and accept the obligations.	ions 607.0502 and State of Florida ations of, Section (	607.0505, Florida 5 ite Lappicable RECTORS	Statutes. (NOTE: Regist	83 84 City	oration submits this statement for the ard of directors. I horeby accept the a	FL purpose of ch ppointment as	nanging its i s registered	registered office I agent. I am
500 FIF NAPLES  1. Pursuant to or registere familiar with GNATURE	FTH AVENUE SOUTI S FL 33940  o the provisions of Sect ed agent, or both, in the in, and accept the obligations, and accept the obligations.  Signature, typod or printed name	ions 607,0502 and State of Florida S ations of, Section ( of registeral agent and t DEFICERS AND DI	607.0505, Florida S	Statutes.  (NOTE Regist  1 TE 1	83 84 City above named corporation's boatered Apent signature require  13.	oration submits this statement for the and of directors. I horeby accept the a	FL purpose of ct ppointment as DATE	nanging its i s registered	registered office I agent. I am
500 FIF NAPLES  1. Pursuant to or registere familiar with GNATURE E.	FTH AVENUE SOUTI S FL 33940  o the provisions of Sected agent, or both, in the in, and accept the obligation of the signature, typed or printed name of PCD THORSTEINSON	ions 607,0502 and State of Florida. Sations of, Section ( of registered agent and t DEFICERS AND DI	607.0505, Florida 5 ille Lappicable RECTORS	(NOTE Regist	83 84 City above named corporation's boater corporation's boater corporation and the c	oration submits this statement for the ard of directors. I horeby accept the a	FL purpose of ct ppointment as DATE	nanging its i s registered	egistered office l agent. I am DRS IN 12
500 FIF NAPLES  1. Pursuant to or registere familiar with GNATURE	FTH AVENUE SOUTI S FL 33940  o the provisions of Sect ed agent, or both, in the in, and accept the obligations, and accept the obligations.  Signature, typod or printed name	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida 5 ille Lappicable RECTORS	(NOTE Regist	83 84 City above named corporation's boatered Apent signature require  13.	oration submits this statement for the ard of directors. I horeby accept the a	FL purpose of ct ppointment as DATE	nanging its i s registered	egistered office l agent. I am DRS IN 12
500 FIF NAPLES  I. Pursuant to or registere familiar with GNATURE  E. LE ME REEL ADDRESS  Y-SI-ZIP LE	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida 5 ille Lappicable RECTORS	NOTE Regist   1	83 84 City above named corporation's boatered Apart signature require. 13. 11 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	oration submits this statement for the ard of directors. I horeby accept the a	PLIPOSE OF CH ppointment as DATE DEFICERS ANI	nanging its i s registered	egistered office l agent. I am DRS IN 12
500 FIF NAPLES  Pursuant to or registere familiar with GNATURE S.  LE ME	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida \$ ilie Luppleable RECTORS DELE	NOTE Regist   1	83 84 City above named corporation's boater corpora	oration submits this statement for the ard of directors. I horeby accept the a	PLIPOSE OF CH ppointment as DATE DEFICERS ANI	nanging its is segistered  DIRECTO	registered office I agent. I am DRS IN 12
. Pursuant to or registere familiar with GNATURE LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida \$ ilie Luppleable RECTORS DELE	(NOTE Regist 1 1 1 1 1 1 1 2 2 2 2 2 2 1 1 1 1 1 1	83 84 City  above named corporation's boatered Agent signature require  13. 1 Title 2 NAME 3 STREET ADDRESS 4 City-S1-Zip 1 TITLE 2 NAME 3 STREET ADDRESS	oration submits this statement for the ard of directors. I horeby accept the a	PLIPOSE OF CH ppointment as DATE DEFICERS ANI	nanging its is segistered  DIRECTO	registered office I agent. I am DRS IN 12
500 FIF NAPLES  I. Pursuant to or registere familiar with GNATURE  R. LE  ME  REEI ADDRESS Y-SI-ZIP  LE  ME  REET ADDRESS Y-SI-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida \$ ilie Luppleable RECTORS DELE	(NOTE Registrate)	83 84 City above named corporation's boater corpora	oration submits this statement for the ard of directors. I horeby accept the a	PL purpose of ch ppointment as DATE DEFICERS ANI	nanging its is segistered  DIRECTO	registered office I agent. I am DRS IN 12
500 FIF NAPLES  I. Pursuant to or registere familiar with GNATURE  R. LE ME	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S ille Lappicable RECTORS DELE	(NOTE Regist   1   1   1   1   1   1   1   1   1	83 84 City above named corporation's boatered Agent signature require  13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY ST-ZIP 1 TITLE 2 NAME 2 NAME 3 STREET ADDRESS	oration submits this statement for the ard of directors. I horeby accept the a	PL purpose of ch ppointment as DATE DEFICERS ANI	anging its is a segistered.  D DIRECTO Change Change	egistered office lagent. I am  ORS IN 12  Addition
500 FIF NAPLES  I. Pursuant to or registere familiar with GNATURE  E. LE ME ARET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS ME REET ADDRESS ME REET ADDRESS	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S ille Lappicable RECTORS DELE	NOTE Regist   1	83 84 City above named corporation's boatered Apert signature require.  13. 1 TILE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TILE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TILE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TILE 2 NAME 3 STREET ADDRESS	oration submits this statement for the ard of directors. I horeby accept the a	PL purpose of ch ppointment as DATE DEFICERS ANI	anging its is a segistered.  D DIRECTO Change Change	egistered office lagent. I am  ORS IN 12  Addition
500 FIF NAPLES  1. Pursuant to or registere familiar with GNATURE  2.  LE ME HEET ADDRESS IY-ST-ZIP  LE ME KEET ADDRESS Y-ST-ZIP  LE ME KEET ADDRESS Y-ST-ZIP  LE ME KEET ADDRESS Y-ST-ZIP	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S ille Lappicable RECTORS DELE	NOTE Regist   1	83 84 City above named corporation's boatered Agent signature require  13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY ST-ZIP 1 TITLE 2 NAME 2 NAME 3 STREET ADDRESS	oration submits this statement for the ard of directors. I horeby accept the a	purpose of ch ppointment as DATE DEFICERS AND	anging its is a segistered.  D DIRECTO Change Change	egistered office i agent. I am  PRS IN 12 Addition Addition
500 FIF NAPLES  1. Pursuant to or registere familiar with GNATURE  2. LE ME ME REET ADDRESS YY-ST-ZIP  LE ME REET ADDRESS YY-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP  LE ME	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S  FIECTORS  DELE  DELE	NOTE Regist   1	83  84 City  above named corporation's boatered Agent signature require  13.  1 TITLE  2 NAME  3 STREET ADDRESS  4 CITY-ST-ZIP  1 TITLE  2 NAME  3 STREET ADDRESS  4 CITY-ST-ZIP  1 TITLE  2 NAME  3 STREET ADDRESS  4 CITY-ST-ZIP	oration submits this statement for the ard of directors. I horeby accept the a ad when reinstating: ADDITIONS/CHANGES TO C	purpose of ch ppointment as DATE PEFICERS ANI	anging its is registered  D DIRECTO Change Change Change Change	egistered office lagent. I am  ORS IN 12  Addition
500 FIF NAPLES  I. Pursuant to or registere familiar with ganalized familiar familiar with ganalized familiar f	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S  FIECTORS  DELE  DELE	(NOTE Regist 1 1 1 1 1 1 1 1 1 1 3 3 3 3 3 1 1 4 4 4 4	83 84 City above named corporation's boate corporation's boatest signature require.  13. 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	oration submits this statement for the ard of directors. I horeby accept the a ad when reinslating:  ADDITIONS/CHANGES TO C	purpose of ch ppointment as DATE PEFICERS ANI	anging its is registered  D DIRECTO Change Change Change Change	egistered office i agent. I am  PRS IN 12 Addition Addition
SOO FIF NAPLES  Pursuant to or registere familiar with GINATURE  E.  LE ME	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S  FIECTORS  DELE  DELE	(NOTE Regist 1 1 1 1 1 1 1 1 1 3 3 3 3 3 1 1 4 4 4 4	83  84 City  above named corporation's boatered Apart signature require.  13.  1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	oration submits this statement for the ard of directors. I horeby accept the a ad when reinstating: ADDITIONS/CHANGES TO C	PLIPOSE of chappointment as	D DIRECTO Change Change Change	egistered office lagent. I am  ORS IN 12  Addition  Addition  Addition
SOO FIF NAPLES  Pursuant to or registere familiar with amiliar with some second	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S  ile Lagalcable RECTORS  DELE  DELE	(NOTE Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83  84 City  above named corporation's boater corporation's boater signature required.  13.  1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	oration submits this statement for the ard of directors. I horeby accept the a ad when reinslating:  ADDITIONS/CHANGES TO C	PLIPOSE of chappointment as	anging its is registered  D DIRECTO Change Change Change Change	egistered office i agent. I am  PRS IN 12 Addition Addition
500 FIF NAPLES  I. Pursuant to or registere familiar with general address.  LE ME REET ADDRESS (Y-ST-ZIP)	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S  ile Lagalcable RECTORS  DELE  DELE	(NOTE - Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83 84 City above named corporation's board Apart signature require.  13. 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS	oration submits this statement for the ard of directors. I horeby accept the a ad when reinslating:  ADDITIONS/CHANGES TO C	PLIPOSE of chappointment as	D DIRECTO Change Change Change	egistered office lagent. I am  ORS IN 12  Addition  Addition  Addition
500 FIF NAPLES  I. Pursuant to or registere familiar with GNATURE	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	607.0505, Florida S  ile Lagalcable RECTORS  DELE  DELE	(NOTE Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83  84 City  above named corporation's boate corporation's boate and signature required.  13.  1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	oration submits this statement for the ard of directors. I horeby accept the a ad when reinslating:  ADDITIONS/CHANGES TO C	PLIPOSE of chappointment as	D DIRECTO Change Change Change Change Change	egistered office lagent. I am  ORS IN 12  Addition  Addition  Addition
500 FIF NAPLES  I. Pursuant to or registere familiar with gamaliar gam	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	CE DELE	(NOTE Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83   84   City   above named corporation's board Agent signature required   13.  1 Title   2 NAME   3 STREET ADDRESS   4 CITY - ST - ZIP   1 TITLE   1 TITLE	oration submits this statement for the ard of directors. I horeby accept the a ad when reinslating:  ADDITIONS/CHANGES TO C	PLIPOSE of chappointment as	D DIRECTO Change Change Change	egistered office lagent. I am  ORS IN 12  Addition  Addition  Addition
500 FIF NAPLES  I. Pursuant to or registere familiar with GNATURE  E  LE ME ARET ADDRESS Y-ST-ZIP  LE ME ADDRESS Y-ST-ZIP  LE ME	o the provisions of Sected agent, or both, in the in, and accept the obligation of PCD THORSTEINSON 2600 SEVEN EV	ions 607,0502 and State of Florida. Sations of, Section in of registered agent and the DEFICERS AND DITECT OF THE CONTROL OF T	CE DELE	(NOTE - Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83 84 City above named corporation's board Apart signature required.  13. 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title 2 NAME 3 STREET ADDRESS 4 City-St-Zip 1 Title	oration submits this statement for the ard of directors. I horeby accept the a ad when reinslating:  ADDITIONS/CHANGES TO C	PLIPOSE of chappointment as	D DIRECTO Change Change Change Change Change	egistered office lagent. I am  ORS IN 12  Addition  Addition  Addition

SIGNATURE: Charleinson A.C. Thorsteinson May 2, 1996 (204) 475-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day. Days. Days. Dept. De