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Apr 27, 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 # F95000004139

1. Corporation Name
OSIRIS HOLDING CORPORATION

Principal Place of Business
**3190 TREMONT AVENUE
TREVOS PA 19053**

Mailing Address
**ATTN: ACCOUNTS PAYABLE, 4126 NORLAND AVE
BURNABY, B.C. V5G 2S8
CANADA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/28/1995

4. FEI Number
23-2587718

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.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **MILLER, LAWRENCE**
STREET ADDRESS **3190 TREMONT AVE**
CITY-STATE-ZIP **TREVOS PA**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **PAUL WAGLER**
1.3 STREET ADDRESS **4126 NORLAND AVENUE**
1.4 CITY-STATE-ZIP **BURNABY, B.C., CANADA V5G 3S8**

TITLE **VP** ☐ DELETE
NAME **GRAY, PETER**
STREET ADDRESS **3190 TREMONT AVE**
CITY-STATE-ZIP **TREVOS PA 19053**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **JEFFREY L. CASHNER**
2.3 STREET ADDRESS **801 TEAS ROAD**
2.4 CITY-STATE-ZIP **CONROE, TX 77303**

TITLE **D** ☒ DELETE
NAME **LOEWEN, RAYMOND L**
STREET ADDRESS **4126 NORLAND AVE**
CITY-STATE-ZIP **BURNABY BC**

3.1 TITLE **VP** ☐ Change ☒ Addition
3.2 NAME **SEAN M. GILCHRIST**
3.3 STREET ADDRESS **801 TEAS ROAD**
3.4 CITY-STATE-ZIP **CONROE, TX 77303**

TITLE **ASD** ☐ DELETE
NAME **HYNDMAN, PETER S**
STREET ADDRESS **4126 NORLAND AVE**
CITY-STATE-ZIP **BURNABY BC**

4.1 TITLE **VP** ☐ Change ☒ Addition
4.2 NAME **B. DOUGLAS BODIE**
4.3 STREET ADDRESS **4126 NORLAND AVENUE**
4.4 CITY-STATE-ZIP **BURNABY, B.C., CANADA V5G 3S8**

TITLE **ST** ☒ DELETE
NAME **AMATO, GEORGE M.**
STREET ADDRESS **4145-58TH STREET**
CITY-STATE-ZIP **WOODSIDE NY 11377**

5.1 TITLE **ST** ☐ Change ☒ Addition
5.2 NAME **RONALD P. ROBERTSON**
5.3 STREET ADDRESS **3190 TREMONT AVENUE**
5.4 CITY-STATE-ZIP **TREVOS, PA 19053**

TITLE **AS** ☒ DELETE
NAME **HART, PAUL**
STREET ADDRESS **3190 TREMONT AVENUE**
CITY-STATE-ZIP **TREVOS PA 19053**

6.1 TITLE **AS** ☐ Change ☒ Addition
6.2 NAME **JOSEPH T. HARDIMAN**
6.3 STREET ADDRESS **801 TEAS ROAD**
6.4 CITY-STATE-ZIP **CONROE, TX 77303**

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 PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #