

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000546

1. Entity Name

RIPLEY (USA) INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90071 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1600-1055 W HASTINGS ST  
VANCOUVER, B.C. V6E 2H2

1600-1055 W HASTINGS ST  
VANCOUVER, B.C. V6E 2H2

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0372329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete  
NAME GEER, P. NICHOLAS  
STREET ADDRESS 537 EASTCOT RD  
CITY-ST-ZIP W VANCOUVER, B.C. V7S 1E5

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☒ Delete  
NAME SCHELLENBERG, DAVID  
STREET ADDRESS 2185-140A ST  
CITY-ST-ZIP S SURREY, B.C. V4A 9R8

TITLE ☐ Change ☒ Addition  
NAME KORENBERG, MICHAEL  
STREET ADDRESS 1600-1055 W. Hastings St,  
CITY-ST-ZIP VANCOUVER, BC V6E 2H2

TITLE DS ☐ Delete  
NAME DESMARAI, NICK  
STREET ADDRESS 2592 BELLOC STREET  
CITY-ST-ZIP NORTH VANCOUVER BC V7H- 1J1

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BERGEN, ROD  
STREET ADDRESS 24675- 16TH AVE  
CITY-ST-ZIP LANGLEY BC V2Z- 1J4

TITLE V ☐ Change ☒ Addition  
NAME PATTISON, JIM JR.  
STREET ADDRESS 700-5728 MAJOR BOULEVARD  
CITY-ST-ZIP ORLANDO, FLORIDA 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Sr.V ☐ Change ☒ Addition  
NAME MASTERSON, ROBERT E.  
STREET ADDRESS 41 OAKDALE STREET  
CITY-ST-ZIP PO BOX 1135 WINDERMERE FL, 34786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME DESKA, NORM  
STREET ADDRESS 5157 TIMBERVIEW TERRACE  
CITY-ST-ZIP ORLANDO, FLORIDA 32819

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)