2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90099 002 ***150.00

DOCUMENT # F96000000546

1. Entity Name
RIPLEY (USA) INC.

Principal Place of Business	Mailing Address
1800-1067 WEST CORDOVA ST VANCOUVER, B.C., CA v6c-1c7 XX	1800-1067 WEST CORDOVA ST VANCOUVER, B.C., CA v6c-1c7 XX

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

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

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KORENBERG, MICHAEL
STREET ADDRESS	1800-1067 WEST CORDOVA ST
CITY-ST-ZIP	VANCOUVER , B.C., CA v6c 1c7
TITLE	DV
NAME	PATTISON, JIM JR
STREET ADDRESS	7576 KINGSPOINTE PKWY SUITE 188
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	S
NAME	DESMARAIS, NICK
STREET ADDRESS	4670 RAMSAY RD
CITY-ST-ZIP	NORTH VANCOUVER , B.C., CA ~~V7K-N5~~ V7K 2N5
TITLE	DV
NAME	MASTERSON, ROBERT E
STREET ADDRESS	41 OAKDALE ST
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	V
NAME	DESKA, NORM
STREET ADDRESS	5157 TIMBERVIEW TERRACE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Nick Desmarais Jan. 24/07 (604) 688-6764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #