

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003316

1. Entity Name

WESTERN STAR FINANCE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90109 019 ***150.00

Principal Place of Business C/O NEWCOURT SERVICES-TAX 2 GATEHALL DR PARSIPPANY NJ 07054 US	Mailing Address C/O NEWCOURT SERVICES-TAX 2 GATEHALL DR PARSIPPANY NJ 07054-4521 US
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2. Principal Place of Business 650 CIT Drive Suite, Apt. #, etc.	3. Mailing Address 650 CIT Drive Suite, Apt. #, etc.
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City & State Livingston NJ Zip 07039	Country	City & State Livingston, NJ Zip 07039	Country
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4. FEI Number 35-1979785	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NULLMEYER, BRADLEY D 181 BAY ST #3500 TORONTO, ONTARIO CANADA M5J -2T3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, BRUCE 181 BAY ST #3500 TORONTO, ONTARIO CANADA M5J -2T3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAUERNIG, DANIEL ALBERT 181 BAY ST #3500 TORONTO, ONTARIO CANADA M5J -2T3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JAMES COULTER 181 BAY ST #3500 TORONTO, ONTARIO CANADA M5J -2T3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FALLOWFIELD, JEFF 181 BAY ST #3500 TORONTO, ONTARIO CANADA M5J -2T3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENSON, JOHN P 181 BAY ST #3500 TORONTO, ONTARIO CANADA M5J -2T3 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date Daytime Phone #

CR2E034 (9/99)