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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004477

1. Corporation Name

BULRAD ILLINOIS INC.

Principal Place of Business Mailing Address 1180 SPRINGFIELD ROAD 1180 SPRINGFIELD ROAD WINNIPEG MANITOBA WINNIPEG MANITOBA

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90180 018 ***150.00



DO NOT WRITE IN THIS SPACE CANADA R2C 2Z2 CANADA R2C 2Z2 3. Date Incorporated or Qualifed 08/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Apr lied For 36-3722369 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year intangible 30 Personal Property Tax. 24 29 10. Name and Address of New Registers d Agent 9. Name and Address of Current Registered Agent 81 Name Joe Basile KIMBALL, MIKE Street Address (P.O. Box Number is Not Acceptable) 82 7542 COMPASS DRIVE Woodpine Court WINTER PARK FL 32792 Zip Code 3423 84 City 85 Sarasota 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 firectors. I hereby accept the appointment as recistered agent. I am familiar with, and accept the obligat ope of Section 607.0505, Florida Statutes. soe SIGNATURE ired when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. TITLE DELETE 1,1 TITLE CEO ☐ Change BULLER. HERB 1. NAME NAME 140 BLUE GRASS ROAD, WINNEPEG MANITOBA same 1.1 STREET ADDRESS STREET ADDRESS CANADA R2C 2Z2 I CITY-ST-ZIP CiTY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE President TITLE 2.2 NAME BULLER, MARK NAME 7 OLD ORCHARD ROAD 3 STREET ADDRESS STREET ADDRESS WINNEPG MA-R2E 0 R2E 222 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE **∠**Addition 3.1 TITLE Treesure -TITLE tonn Horton **BULLER, JAMES** 3.2 NAME NAME 695 PRITCHARD FARM ROAD 1205 Azters Dr. 3.3 STREET ADDRESS STREET ADDRESS WINNIPEG MA R2E 1 Noter100, IA 3.4. CITY-ST-ZIP 50703 CITY-ST-ZIP [] DELETE Change 41 TITLE Secretary NAME 4. 2 NAME Bob Moran 1205 Peters Dr. 4.3 STREET ADDRESS STREET ADDRESS Weterloo, IA 50703 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADOR 1SS 6.4 CITY-ST-ZIP

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 suppliemental annual report is true and account 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 trastage provided by execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if change i, or on an attachmen,

CITY-ST-ZIP