2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005279

Entity Name: THE GUARANTEE COMPANY OF NORTH AMERICA USA

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1000 TOWN CENTER STE 1800 SOUTHFIELD, MI 48075				25800 NORTHWESTERN HIGHWAY STE 720 SOUTHFIELD, MI 48075		
Current Mailing Address:				New Mailing Address:		
1000 TOWN CENTER STE 1800 SOUTHFIELD, MI 48075				25800 NORTHWESTERN HIGHWAY STE 720 SOUTHFIELD, MI 48075		
FEI Number:	38-2907623	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
P O BOX 6 200 E. GAI TALLAHAS	SSEE, FL 32399	0) 0000 US				
	named entity su e of Florida.	bmits this statement for the pui	rpose o	f changing if	ts registered	l office or registered agent, or both,
SIGNATUR	RE:					
	Electronic	Signature of Registered Agen	t			Date
Election Car	npaign Financing 1	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DV ()D DEMPSEY, ROBE 4950 YONGE STE TORONTO, ONT, TD ()D SCHRAUBEN, SA 1000 TOWN CEN SOUTHFIELD, MI PD ()D QUENNEVILLE, J 4950 YONGE STE TORONTO, ONT, S ()D MUSSLEMAN, RA 4950 YONGE STE TORONTO, ONT,	ERT A REET STE 1400 CN M2N 6K1 elete RA J TER STE 1800 48075 elete ULES REET STE 1400 CN M2N 6K1 elete NDALL L REET STE 1400		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	DEMPSEY, F 4950 YONGE TORONTO, C TD SCHRAUBEN 25800 NORT SOUTHFIELD CD QUENNEVILL 4950 YONGE TORONTO, C	E STREET STE 1400 DNT, CN M2N 6K1 (X) Change () Addition I, SARA J HWESTERN HIGHWAY STE 720 D, MI 48075 (X) Change () Addition
Title: Name: Address: City-St-Zip:	D () D COWAN, PATRIC 4950 YONGE ST TORONTO, ONTA	K		Title: Name: Address: City-St-Zip:	ı	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA J. SCHRAUBEN TD 04/24/2007