

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005279

FILED
Apr 15, 2008
Secretary of State

Entity Name: THE GUARANTEE COMPANY OF NORTH AMERICA USA

Current Principal Place of Business:

25800 NORTHWESTERN HIGHWAY
STE 720
SOUTHFIELD, MI 48075

New Principal Place of Business:

Current Mailing Address:

25800 NORTHWESTERN HIGHWAY
STE 720
SOUTHFIELD, MI 48075

New Mailing Address:

FEI Number: 38-2907623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEMPSEY, ROBERT A
Address: 4950 YONGE STREET STE 1400
City-St-Zip: TORONTO, ONT, CN M2N 6K1

Title: TD () Delete
Name: SCHRAUBEN, SARA J
Address: 25800 NORTHWESTERN HIGHWAY STE 720
City-St-Zip: SOUTHFIELD, MI 48075

Title: CD () Delete
Name: QUENNEVILLE, JULES
Address: 4950 YONGE STREET STE 1400
City-St-Zip: TORONTO, ONT, CN M2N 6K1

Title: S () Delete
Name: MUSSLEMAN, RANDALL L
Address: 4950 YONGE STREET STE 1400
City-St-Zip: TORONTO, ONT, CN M2N 6K1

Title: D () Delete
Name: COWAN, PATRICK
Address: 4950 YONGE ST SUITE 1400
City-St-Zip: TORONTO, ONTARIO, CN M2N 6K1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 SCHRAUBEN

TD

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date