

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 11 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F96000006011 (8)

1. Corporation Name
EAGLE LENDING, INC.



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| Principal Place of Business 800-50 EAST RIVER CENTER BLVD COVINGTON KY 41011 | Mailing Address 800-50 EAST RIVER CENTER BLVD COVINGTON KY 41011 |
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| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 11/18/1996 | 3a. Date of Last Report |
|--|-------------------------|

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 4126 Norland Avenue 27 Suite, Apt. #, etc. 28 Burnaby 29 V5G 3S8 30 Canada | 4. FEI Number APPLIED FOR 31-1500286 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|--|---|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | | | | |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BALLANTYNE, W G | 1.2 NAME | |
| STREET ADDRESS | 4126 NORLAND AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURNABY, BC | 1.4 CITY-ST-ZIP | |
| TITLE | ASD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HYNDMAN, PETER S | 2.2 NAME | |
| STREET ADDRESS | 4126 NORLAND AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURNABY, BC | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, PAUL E | 3.2 NAME | |
| STREET ADDRESS | 800-50 EAST RIVER CENTER BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COVINGTON KY | 3.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIRCH, TIMOTHY A | 4.2 NAME | |
| STREET ADDRESS | 800-50 EAST RIVER CENTER BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | COVINGTON KY | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOEWEN, RAYMOND L | 5.2 NAME | |
| STREET ADDRESS | 4126 NORLAND AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURNABY, BC | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter S. Hyndman

3/26/97

(604) 299-9321

Date

Daytime Phone #

0527510

CR2E034 (9/96)