

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90255 017 \*\*\*150.00

0001200

DOCUMENT # F96000006011

1. Corporation Name  
EAGLE LENDING, INC.

Principal Place of Business  
4126 NORLAND AVENUE  
BURNABY, BC V5G 3S8 CANADA

Mailing Address  
4126 NORLAND AVENUE  
BURNABY, BC V5G 3S8 CANADA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

31-1500286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME BALLANTYNE, W G  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, BC

TITLE ASD ☐ DELETE  
NAME HYNDMAN, PETER S  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, BC

TITLE ST ☒ DELETE  
NAME SMITH, PAUL E  
STREET ADDRESS 800-50 EAST RIVER CENTER BLVD  
CITY-ST-ZIP COVINGTON KY

TITLE AS ☒ DELETE  
NAME HART, PAUL  
STREET ADDRESS 3190 TREMONT AVENUE  
CITY-ST-ZIP TREVOSE PA 19053-6693

TITLE D ☒ DELETE  
NAME LOEWEN, RAYMOND L  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, BC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME Hawes, Dwight K.  
1.3 STREET ADDRESS 4126 Norland Avenue  
1.4 CITY-ST-ZIP Burnaby, BC Canada V5G 3S8

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Wagler, Paul  
3.3 STREET ADDRESS 4126 Norland Avenue  
3.4 CITY-ST-ZIP Burnaby, BC Canada V5G 3S8

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Peter S. Hyndman

4/12/99

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)