

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006011

1. Entity Name

EAGLE LENDING, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90060 009 ***150.00

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

2. Principal Place of Business	3. Mailing Address
311 ELM STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1000	

City & State	City & State
CINCINNATI, OH	

Zip	Country	Zip	Country
45202	USA		

4. FEI Number	Applied For
31-1500286	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																				
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Peter S. Hyndman **April 14, 2000** **(604) 299-9321**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)