## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 12, 2001 8:00 am Secretary of State DOCUMENT # F96000006011 EAGLE LENDING, INC. 03-12-2001 90451 041 \*\*\*150.00 Principal Place of Business Mailing-Address 311 ELM STREET 4126 NORLAND AVENUE STE 1000 BURNABY, BC V5G 3S8 CANADA 00032910 CINCINNATI OH 45202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1500286 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ASD TITLE □ Delete Change X Addition 17 HYNDMAN, PETER S NAME NAME STREET ADDRESS 4126 NORLAND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BURNABY, BC TITLE ☐ Delete TITLE ☐ Change X Addition NAME HAWS, DWIGHT K NAME STREET ADDRESS 4126 NORLAND AVENUE STREET ADDRESS CITY-ST-ZIP BURNABY, CANADA BC V5G- 3S8 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAMÉ NAME MICHAEL G. WEEDON 4126 NORLAND AVENUE STREET ADDRESS STREET ADDRESS BURNABY, B.C. CANADA V5G 3S8 CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 appears with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND T

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

(Peter S. Hyndman)

☐ Delete

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2001

(416) 498-2451

☐ Change

Addition

ate

Daytime Phone #

CHZEU34 (10/00)