

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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F96000006200 (7)**  
 1. Corporation Name  
**JIM PATTISON LEASE (USA) INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>5400 KINGSWAY AVE<br/>BURNABY, BC. CANADA V5H 2E9</b> | Mailing Address<br><b>5400 KINGSWAY AVE<br/>BURNABY, BC. CANADA V5H 2E9</b> |
|---|---|

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/26/1996</b>   | 3a. Date of Last Report               |
| 4. FEI Number<br><b>91-1500759</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> 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

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

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SCELLENBERG, DAVID</b>                           | 1.2 NAME  |  |
| STREET ADDRESS             | <b>1600-1055 W HASTINGS ST</b>                      | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>VANCOUVER, BC,CANADA V6E 2H2</b>                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>DP</b> <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GEER, NICK</b>                                   | 2.2 NAME  |  |
| STREET ADDRESS             | <b>1600-1055 W HASTINGS ST</b>                      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>VANCOUVER, BC,CANADA V6E 2H2</b>                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>DS</b> <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>DESMARAIS, NICK</b>                              | 3.2 NAME  |  |
| STREET ADDRESS             | <b>1600-1055 W HASTINGS ST</b>                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>VANCOUVER, BC,CANADA V6E 2H2</b>                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>T</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>VADIS, TONY QUO</b>                              | 4.2 NAME  | <b>T</b>   |
| STREET ADDRESS             | <b>5400 KINGSWAY AVE</b>                            | 4.3 STREET ADDRESS                                    | <b>Svangtun, Steve</b>   |
| CITY-ST-ZIP                | <b>BURNABY, BC, CANADA V5H 2E9</b>                  | 4.4 CITY-ST-ZIP                                       | <b>5400 Kingsway Ave</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 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]* **April 18/97** (604) 451-0265 ext-124

CR2E034 (9/96)