

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90154 020 ***150.00

DOCUMENT # F97000001818

1. Entity Name

NORSTAR INVESTMENT USA, INC.



Principal Place of Business

**621 COWBOYS PKWY., SUITE 200
IRVING TX 75063**

Mailing Address

**621 COWBOYS PKWY., SUITE 200
IRVING TX 75063**

2. Principal Place of Business

3. Mailing Address

2180 STEELES AVE. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

City & State

City & State

CONCORD, ON

Zip

Country

Zip

Country

L4K 2Z5

CANADA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

16-1494436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, THOMAS N III

HILL WARD & HENDERSON PA

101 E. KENNEDY BLVD.

TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDT
SILVER, GARY B
2180 STEELES AVENUE WEST, SUITE 305
CONCORD, ONTARIO L4K 2Z5** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SDC
BROWN, NEIL
2180 STEELES AVENUE WEST, SUITE 305
CONCORD, ONTARIO L4K 2Z5** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HIGGINS, RICHARD L
R.D. 1, BOX 196
BUSKIRK NY 12028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL BROWN 03/12/03 905-738-0754

Date

Daytime Phone #

CR2E034 (10/02)