

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002314

1. Entity Name

BPI GLOBAL HOLDINGS USA INC.

C.I. GLOBAL HOLDINGS USA INC.

Principal Place of Business

1900 SUMMIT TOWER BOULEVARD
SUITE 450
ORLANDO FL 32810

Mailing Address

1900 SUMMIT TOWER BOULEVARD
SUITE 450
ORLANDO FL 32810-5950

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

151 Yonge Street

Suite, Apt. #, etc.

7th Floor

City & State
Toronto, Ontario

Zip
M5C 2W7

Country
Canada

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(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) ☒

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCGOVERN, JAMES L	
STREET ADDRESS	37 KAPPELE AVE, TORONTO, ONTARIO	
CITY-ST-ZIP	M4N 2Z2 CANADA	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	WAUGH, STUART	
STREET ADDRESS	2045 LAKESHORE BLVD W., TORONTO, ONTARIO	
CITY-ST-ZIP	CANADA M8V2Z6	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SHEEDY, J. BRIAN	
STREET ADDRESS	5 BROOKE AVE, TORONTO, ONTARIO	
CITY-ST-ZIP	M5M 2J5 CANADA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALLEY, FREDERICK F	
STREET ADDRESS	92 PRICEFIELD ROAD, TORONTO, ONTARIO	
CITY-ST-ZIP	CANADA M4W 129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. RAYMOND CHANG	
STREET ADDRESS	2078 MONTCREST COURT	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO CANADA L5M 4Y2	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM T. HOLLAND	
STREET ADDRESS	14 KNIGHTSWOOD ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M4N 2H1	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN A. MACPHAIL	
STREET ADDRESS	132 ALEXANDRA BLVD.	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M4R 1M2	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER W. ANDERSON	
STREET ADDRESS	5 FOXMEADOW LANE	
CITY-ST-ZIP	UNIONVILLE, ONTARIO CANADA L3R 8W2	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. KILLEEN	
STREET ADDRESS	24 KAPPELE AVENUE	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M4N 2Z1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE:

Michael J. Killeen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael J. Killeen

March 22, 2000

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90212 044 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

CR2E034 (9/99)