

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90035 043 ***150.00

DOCUMENT # F97000002314

1. Entity Name

CI GLOBAL HOLDINGS USA INC.

Principal Place of Business

**1900 SUMMIT TOWER BOULEVARD
 SUITE 450
 ORLANDO, FL 32810**

Mailing Address

**151 YOUNGE STREET
 11 TH FLOOR LEGAL DEPT
 TORONTO, ONTARIO M5C 2W7
 CA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, G R 19 PADDOCK COURT TORONTO ONTARIO M2L 2A7 CANADA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, WILLIAM T 14 KNIGHTSWOOD RD, TORONTO, ONTARIO CANADA M4N 2H1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MACPHAIL, STEPHEN A 132 ALEXANDRA BLVD, TORONTO, ONTARIO M4R 1M2 CANADA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, PETER W 40 WEMBLEY AVE, MARKHAM, ONTARIO CANADA L3R 2A9 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KILLEEN, MICHAEL J 24 KAPPELE AVE, TORONTO, ONTARIO CANADA M4N 2Z1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMIESON, DOUGLAS J 15 MOUNTJOY AVE, TORONTO, ONTARIO CANADA M5J 1J4 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

JAN. 21/02
 Date

416-681-6507
 Daytime Phone #

CR2E034 (9/01)