

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90165 002 ***150.00

DOCUMENT # F97000002434

1. Entity Name
BCI FINANCE INC.

Principal Place of Business
**261 MOUNTAIN VIEW DR.
COLCHESTER, VT 05446**

Mailing Address
**12850 GRAN BAY PKWY W. BLDG 100
JACKSONVILLE, FL 32258**

2. Principal Place of Business

3. Mailing Address
12735 Gran Bay Parkway, West

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1000

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Jacksonville, FL

4. FEI Number

03-0335501

Applied For

Not Applicable

Zip

Country

Zip

32258

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. 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

TITLE **P** ☒ Delete
NAME **GILLESPIE, ROBERT**
STREET ADDRESS **6400 AUTEUIL, SUITE 200**
CITY-ST-ZIP **BROSSARD, QUEBEC CANADA, J4z3p5**

TITLE **D** ☒ Delete
NAME **CROWE, WILLIAM R**
STREET ADDRESS **12850 GRAN BAY PKWY W, BLDG 100**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **TD** ☒ Delete
NAME **FILTHAUT, BLAINE H**
STREET ADDRESS **12850 GRAN BAY PKWY W, BLDG 100**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **AS** ☒ Delete
NAME **O'NEIL, JEAN C**
STREET ADDRESS **261 MOUNTAIN VIEW DRIVE**
CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE **AT** ☒ Delete
NAME **BARANOWSKY, ANDREW**
STREET ADDRESS **12850 GRAN BAY PKWY W, BLDG 100**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **D** ☐ Delete
NAME **PETERS, BRIAN F**
STREET ADDRESS **12850 GRAN BAY PKWY W, BLDG 100**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director, VP Legal Services** ☐ Change ☒ Addition
NAME **Howard, Laurence W., III**
STREET ADDRESS **12735 Gran Bay Parkway, West, Suite 1000**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **Director** ☐ Change ☒ Addition
NAME **Dropps, Ana M.**
STREET ADDRESS **12735 Gran Bay Parkway, West, Suite 1000**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Boucher, Mark**
STREET ADDRESS **261 Mountain View Drive**
CITY-ST-ZIP **Colchester, VT 05446**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Assell, Lawrence F.**
STREET ADDRESS **261 Mountain View Drive**
CITY-ST-ZIP **Colchester, VT 05446**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Carney, Vaughn A.**
STREET ADDRESS **261 Mountain View Drive**
CITY-ST-ZIP **Colchester, VT 05446**

TITLE **Director, President** ☒ Change ☐ Addition
NAME **Peters, Brian F**
STREET ADDRESS **12735 Gran Bay Parkway, West, Suite 1000**
CITY-ST-ZIP **Jacksonville, FL 32258**

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:

Laurence W. Howard, III

4/ 11 /03

904-288-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)