FILED

2002 Uniform Business Report (UBR)

Mar 15, 2002 8:00 am Secretary of State DOCUMENT # F97000003873 1. Entity Name 03-15-2002 90004 050 ***150 00 FANEUIL FLORIDA, INC. Principal Place of Business Mailing Address EQUITEL CORP. C/O THE FANEUIL GROUP EQUITEL CORP. C/O THE FANEUIL GROUP 363 BROADWAY 16TH FLOOR 363 BROADWAY 16TH FLOOR WINNIPEG, MANITOBER R3C 3N9 WINNIPEG, MANITOBER R3C 3N9 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Change ☐ Addition TITLE **SCFO** □ Delete TITLE NAME NAME SOENEN, RICK STREET ADDRESS STREET ADDRESS 16TH FLOOR, 363 BROADWAY CITY-ST-ZIP WINNIPEG, MANITOBA R3C 3N9 CITY-ST-ZIP Change ☐ Addition TITLE **PCEO** ☐ Delete TITLE NAME NAME CORNICK, BRIAN STREET ADDRESS STREET ADDRESS 16TH FLOOR, 363 BROADWAY CITY-ST-ZIP CITY-ST-ZIP WINNIPEG, MANITOBA R3C 3N9 Addition TITLE ☐ Delete TITLE Change NAME NESBITT, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1110-200 GRAHAM AVENUE CITY-ST-ZIP CITY-ST-ZIP WINNIPEG, MANITOBA R8C 4L5 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to tioes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with

SIGNATI D TYPED OR PRINT

an address, with a

NAME OF SIGNING OFFICER OF DIRECTOR

er like empowered.

Feb 19, 2002