

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004148**

1. Entity Name

LEITCH TECHNOLOGY INCORPORATED**FILED**
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90036 015 ***150.00

516386

DO NOT WRITE IN THIS SPACE

Principal Place of Business 920 CORPORATE LANE CHESAPEAKE VA 23320-3641		Mailing Address 920 CORPORATE LANE CHESAPEAKE VA 23320-3641	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 54-1183009		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIGGS, TODD J 1415 PINWOOD AVE LAKELAND FL 33803-1882		7. Name and Address of New Registered Agent Name Riggs, Todd Street Address (P.O. Box Number is Not Acceptable) 2675 High Ridge Drive City Lakeland FL Zip Code 33813-5884	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, JOHN A 1378 REVELL DR MANOTICK, ONTARIO CA K4M- 1C8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIESSEN, REGINALD J 8 HIGGINSON ST MARKHAM, ONTARIO CA L3P- 6G8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAIG, MARGARET A 22428 CUPERTINO RD CUPERTINO CA 95014-1070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN JR, THOMAS M 1515 OAK HILL COURT VIRGINIA BEACH VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP Code: 23454-3130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AJANI, MEHRUNNISSA 5 TALLY LANE WILLOWDALE, ONTARIO CA M2K- 1V3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM MOORE, PAULA M 2400 NUMBER TEN LANE CHESAPEAKE VA 23323-6326 <input type="checkbox"/> Delete	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 **Thomas M. Jordan, Jr.** **03/20/01** **757-548-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)