2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90122 042 ***150.00

DOCUMENT # F97000004436

1. Entity Name

TEKLOGIX CORPORATION

Principal Place of Business	Mailing Address
1810 AIRPORT EXCHANGE BLVD.. SUITE 500 ERLANGER KY 41018	1810 AIRPORT EXCHANGE BLVD.. SUITE 500 ERLANGER KY 41018-3184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0263558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCELROY, IAN 37 RITTER CRESCENT UNIONVILLE ONTARIO CANADA L3R 4K4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McELROY, IAN 37 RITTER CRESC., UNIONVILLE ONTARIO CANADA L3R 4K4	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CROSBY, CONSTANCE L 72 WIMBLETON ROAD, ETOBICOKE ONTARIO, CANADA M9A 3S1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSE, MICHAEL 3 MATSON DR., RR#2, BOLTON ONTARIO, CANADA L7E 5R8	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BAYS, PATRICK 16 HUNTSMAN GATE HAMILTON ONTARIO CANADA L8N 2Z7	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BYRNE, THOMAS F 978 ROYAL YORK RD ETOBICOKE ONTARIO CANADA M8X 2E9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GM ADAMS, DONALD C 866 RIVERWATCH DR CRESCENT SPRINGS KY 41017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO WILDE, GORDON 1629 CHESBRO COURT MISSISSAUGA ONTARTO CANADA L5H 4H4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ Feb. 29, 2000 (416 364-1616)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #