2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # F9700006247 FAIRWAY INC. OF DELAWARE 02-05-2001 90021 003 ***158.75 Principal Place of Business Mailing Address BOX 2463 STATION 'B' RICHMOND HILL ONTARIO BOX 2463, STATION "B" RICHMOND HILL, ONTARIO CAMADA 148-145 L4-EIA5 CANADA-143-145-14-E145-2. Principal Place of Business 3. Mailing Address 476 1st AVE. N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0318267 FLORIDA NAPLES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34/02 HEIA5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRY L. NEEDLER CRONACHER, ROY (P.O. Box Number is Not Acceptable) CRONACHER DEVELOPMENT CORP. 2460 GOLDEN GATE PARKWAY SUITE 304 NAPLES FL 34105 Zip Code 3 4/02 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida NEEDLER PRESIDENT & CEO, FAIRWAY INC FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NEEDLER, BARRY L NAME NAME STREET ADDRESS FOXGATE, 1011 19TH SIDE ROAD, KING CITY STREET ADDRESS CITY-ST-ZIP ONTARIO, CANADA L7B 1K5 CITY-ST-ZIP ☐ Addition ☐ Change NAME NEEDLER. LOUISE NAME STREET ADDRESS FOXGATE, 1011 19TH SIDE ROAD, KING CITY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ONTARIO, CANADA L7B 1K5 Delete Change __ Addition TITLE JULE NAME MACDONALD, JOHN W NAME STREET ADDRESS STREET ADDRESS 27 RIVERCREST ROAD, TORONTO, ONTARIO CITY-ST-ZIP CITY-ST-ZIP CANADA M6S 4H4 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ment with an address, with all other like empowered. 905-841-8900

CITY-ST-ZIP

-BARRY L. NEEDLER PRESIDENT SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP