

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90292 027 \*\*\*150.00

DOCUMENT # F97000006587 (6)  
1. Corporation Name

JIM PATTISON LEASE (USA) INC.

Principal Place of Business: The Jim Pattison Group  
1600 - 1055 West Hastings St.  
Vancouver, BC V6E 2H2

Mailing Address: The Jim Pattison Group  
1600-15055 West Hastings St.  
Vancouver, BC V6E 2H2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/05/1997

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 98-0166213	Applied for Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, blood or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEER, P. N.	1.2 NAME	BERGEN, ROD
STREET ADDRESS	537 EASTCOT ROAD,	1.3 STREET ADDRESS	24675 - 16th Avenue
CITY-ST-ZIP	WEST VANCOUVER, BC V7S 1E5	1.4 CITY-ST-ZIP	LANGLEY, BC V2Z 1J4
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESMARAIS, NICK	2.2 NAME	
STREET ADDRESS	2592 BELLOC STREET,	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH VANCOUVER, BC V7H 1J1	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHELLENBERG, DAVID	3.2 NAME	
STREET ADDRESS	2185-140A STREET,	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH SURREY, BC V4A 9R8	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAYSAY, MENG	4.2 NAME	
STREET ADDRESS	1787 PETERS ROAD,	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH VANCOUVER, BC V7J 1Y7	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nick Desmarais*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
NICK DESMARAIS

SECRETARY

APRIL 27/99 604-688-6764  
Daytime Phone #

CORP/11/1999