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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 29, 1999 8:00 am  
Secretary of State

05-29-1999 90014 047 \*\*\*300.00

DOCUMENT # F98000004570

1. Corporation Name

FONOROLA CORPORAITON

Principal Place of Business

303 SOUTH BROADWAY #440  
TARRYTOWN NY 10591

Mailing Address

303 SOUTH BROADWAY #440  
TARRYTOWN NY 10591

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1998

4. FEI Number

16-1346911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T 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

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☒ DELETE

NAME BOYD, MICHAEL  
STREET ADDRESS 500 RENE LEVESQUE WEST, SUITE 305  
CITY-ST-ZIP MONTREAL QUEBEC, CANADA

TITLE VD ☒ DELETE

NAME PEETERS, JAN  
STREET ADDRESS 500 RENE LEVESQUE WEST, SUITE 305  
CITY-ST-ZIP MONTREAL QUEBEC, CANADA

TITLE PCO ☒ DELETE

NAME PIETRO, MARK  
STREET ADDRESS 303 SOUTH BROADWAY #440  
CITY-ST-ZIP TARRYTOWN NY 10591

TITLE V ☒ DELETE

NAME BOUCHARD, MARC  
STREET ADDRESS 500 RENE LEVESQUE WEST, SUITE 305  
CITY-ST-ZIP MONTREAL QUEBEC, CANADA

TITLE S ☒ DELETE

NAME BOURGEOIS, MARGUERITE  
STREET ADDRESS 500 RENE LEVESQUE WEST, SUITE 305  
CITY-ST-ZIP MONTREAL QUEBEC, CANADA

TITLE SVP ☒ DELETE

NAME MACKINNON, DAVID R  
STREET ADDRESS 500 RENE LEVESQUE WEST, SUITE 305  
CITY-ST-ZIP MONTREAL QUEBEC, CANADA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☐ Change ☒ Addition

1.2 NAME KOOR, JURI  
1.3 STREET ADDRESS 2235 SHEPPARD AVE. EAST, SUITE 1800  
1.4 CITY-ST-ZIP NORTH YORK, ONTARIO M2J 5G1

2.1 TITLE DP ☐ Change ☒ Addition

2.2 NAME BATES, PHILIP  
2.3 STREET ADDRESS 2235 SHEPPARD AVE. EAST, SUITE 1800  
2.4 CITY-ST-ZIP NORTH YORK, ONTARIO M2J 5G1

3.1 TITLE DV ☐ Change ☒ Addition

3.2 NAME HARDY, JAMES  
3.3 STREET ADDRESS 2235 SHEPPARD AVE. EAST, SUITE 1800  
3.4 CITY-ST-ZIP NORTH YORK, ONTARIO M2J 5G1

4.1 TITLE VS ☐ Change ☒ Addition

4.2 NAME HEMINGWAY, MARK  
4.3 STREET ADDRESS 2235 SHEPPARD AVE. EAST, SUITE 1800  
4.4 CITY-ST-ZIP NORTH YORK, ONTARIO M2J 5G1

5.1 TITLE VT ☐ Change ☒ Addition

5.2 NAME ROBERTSON, BROCK  
5.3 STREET ADDRESS 2235 SHEPPARD AVE. EAST, SUITE 1800  
5.4 CITY-ST-ZIP NORTH YORK, ONTARIO M2J 5G1

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK HEMINGWAY VICE PRESIDENT JAMES KOOR SECRETARY

MARCH 29, 1999

Date

(416) 718-6433

Daytime Phone #

CR2E034 (11/98)