


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90038 033 \*\*\*158.75



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000006146**

1. Corporation Name  
**JAWS TECHNOLOGIES INC.**

Principal Place of Business  
**380-603 7TH AVE S.W.  
CALGARY, ALBERTA CANA T2P2T5**

Mailing Address  
**380-603 7TH AVE S.W.  
CALGARY, ALBERTA CANA T2P2T5**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/05/1998**

4. FEI Number

**98-0167013**

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 **1013 17<sup>th</sup> Avenue SW**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **1013 17<sup>th</sup> Avenue SW**  
Suite, Apt. #, etc.

22 City & State  
23 **Calgary Alberta**  
Zip Country

27 City & State  
28 **Calgary Alberta**  
Zip Country

24 **T2T 0A7** 25 **Canada**

29 **T2T 0A7** 30 **Canada**

9. Name and Address of Current Registered Agent

**JOHNSON, JULIA  
501 BLAIRSTONE 3403  
TALLAHASSEE FL 32301**

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	CD	<input type="checkbox"/> DELETE
NAME	<b>KUBBERNUS, ROBERT</b>	
STREET ADDRESS	<b>380-603 7TH AVE., SW</b>	
CITY-ST-ZIP	<b>CALGARY ALBERTA CANADA</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CHELL, CAMERON</b>	
STREET ADDRESS	<b>380-603 7TH AVE., SW</b>	
CITY-ST-ZIP	<b>CALGARY ALBERTA CANADA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, JULIA</b>	
STREET ADDRESS	<b>501 BLAIRSTONE 3403</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WONG, ARTHUR</b>	
STREET ADDRESS	<b>118 HEATHER DRIVE</b>	
CITY-ST-ZIP	<b>ATHERTON CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1013 17<sup>th</sup> Avenue SW</b>
1.4 CITY-ST-ZIP	<b>Calgary, Alberta Canada T2T 0A7</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1013 17<sup>th</sup> Avenue SW</b>
2.4 CITY-ST-ZIP	<b>Calgary, Alberta Canada T2T 0A7</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>S Vikki Robinson</b>
5.3 STREET ADDRESS	<b>72-4810 40<sup>th</sup> Avenue SW</b>
5.4 CITY-ST-ZIP	<b>Calgary, Alberta Canada T3E 1E5</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (REQUIRED)**  
**Vikki Robinson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 17/99**  
Date

**(403) 508-5055**  
Daytime Phone #

CR2E034 (11/98)