

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90033 014 ***150.00

003302
 SP

DOCUMENT # F98000006226

1. Entity Name

DRAKE OFFICE OVERLOAD I, INC.

Principal Place of Business

% HODGSON RUSS ANDREWS WOODS GOODYEAR
1800 ONE M&T PLAZA
BUFFALO NY 14203

Mailing Address

% HODGSON RUSS ANDREWS WOODS GOODYEAR
1800 ONE M&T PLAZA
BUFFALO NY 14203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



4. FEI Number
95-4555406

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PS** ☐ Delete
 NAME **HAMLYN, DOUG**
 STREET ADDRESS **33 YONGE ST., SUITE 300**
 CITY-ST-ZIP **TORONTO, ONTARIO CA M5E- 1G4**

TITLE **VPT** ☒ Delete
 NAME **DORMAN, WILLIAM**
 STREET ADDRESS **410 N. 44TH, SUITE 610**
 CITY-ST-ZIP **PHOENIX AZ 85008**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
 NAME **Kennedy, Gwen**
 STREET ADDRESS **609 Calle De Cerrito**
 CITY-ST-ZIP **St. Clemente, CA 92672**

TITLE **T** ☒ Change ☐ Addition
 NAME **Dorman, William**
 STREET ADDRESS **6833 Oaklawn Ave.**
 CITY-ST-ZIP **Edina, MN 55435**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Dorman, William**
 STREET ADDRESS **6833 Oaklawn Ave.**
 CITY-ST-ZIP **Edina, MN 55435**

TITLE **Director** ☐ Change ☒ Addition
 NAME **English, Terry**
 STREET ADDRESS **243 North Service Rd., W. Ste. 100,**
 CITY-ST-ZIP **Oakville, ON CA L6M 3E6**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Douglas C. Hamlyn **RECEIVED Douglas C. Hamlyn Feb 1, 02 416 216 1000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)