2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F98000006226 DOCUMENT

1. Entity Name

DAKE OFFICE OVEDLOAD I INC

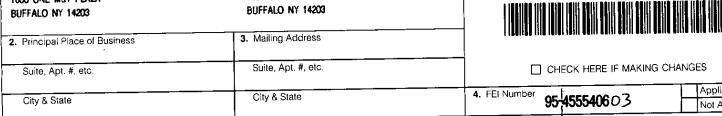


Secretary of State 02-17-2003 90214 023 ***150.00

FILED

Feb 17, 2003 8:00 am

DHARE OFFICE OVERLOAD I, INO.	
Principal Place of Business % HODGSON RUSS ANDREWS WOODS GOODYEAR 1800 ONE MST PLAZA	Mailing Address % HODGSON RUSS ANDREWS WOODS GOODYE 1800 ONE M&T PLAZA



\$8.75 Additional Zin Country: ~~~ Country 5. Certificate of Status Desired Fee Required 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title it applicable.

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Zip

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. FEB 6 2002 ☐ Change TITLE ☐ Delete TITLE NAME HAMLYN, DOUG NAME STREET ADDRESS STREET ADDRESS 33 YONGE ST. SUITE 300 CITY-ST-ZIP TORONTO, ONTARIO CA M5E- 1G4 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE DT NAME DORMAN, WILLIAM NAME STREET ADDRESS STREET ADDRESS 6833 OAKLAWN AVE. CITY-ST-ZIP CITY-ST-ZIE EDINA MN 55435 Addition Change TITLE ☐ Delete TITLE KENNEDY, GWEN NAME STREET ADDRESS STREET ADDRESS 609 CALLE DE CERRITO CITY-ST-ZIP CITY-ST-ZIP ST. CLEMENTE CA 92672 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ENGLISH, TERRY NAME STREET ADDRESS STREET ADDRESS 243 NORTH SERVICE RD. W. STE. 100 CITY-ST-ZIP OAKVILLE, ONTARIO, CANADA L6M- 3E6 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an addr

1/23/03 949 48/ 01/ 2 Date Dayline Phone #

CR2E034 (10/02)