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## 2002 Uniform Business Report (UBR)

**SIGNATURE:** 

2002 Uniform Business Report (UBR)					FILED Apr 01, 2002 8:00 am			
DOCUMENT # F9900006600					Apr 01, 2002 8:00 am Secretary of State			
PENNSY	LVANIA ROADWARE CORP	ORATION			04-01-2002 90616	034 ***150.0	0	
Principal Place of Business Mailing Address			· · · · · · · · · · · · · · · · · · ·					
147 EAST RIVER ROAD PARIS ONTARIO CANADA N3L3T-6 OC		147 EAST RIVER ROAD PARIS ONTARIO CANADA N3L3T-6 OC						
2. Principal F	Place of Business	3. Mailing Address 147 EAST RIVER ROAD			DO NOT WRITE IN THIS SPACE			
Suite, Apt.	.#, etc.	Suite, Apt. #, etc. P.O. Box 520						
City & State		City & State PARIS, ONTARIO		4.	FEI Number <b>25-1686299</b>		oplied For ot Applicable	
Zip	Country	N3L 3T6	Country CANADA	5.	Certificate of Status Desired	\$9.75	ditional	
	6. Name and Address of Current I	Registered Agent	Name	<b></b> _7.	Name and Address of New Regist	ered Agent		
BOETTCHER, GIL 6255 BLACK FOX WAY				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32312			City					
**								
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								
O This serve	Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible		E: Registered Agent signal	<del></del>	einstating)	DATE		
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		550.00	10. Election Campaign Financin Trust Fund Contribution.	~ +0.0	May Be to Fees	
11.	OFFICERS AND I		12.	AC	DITIONS/CHANGES TO OFFICER			
NAME STREET ADDRESS CITY-ST-ZIP	DV FOWLER, KEN 147 EAST RIVER ROAD PARIS ON N3L3T-6	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition Addition	
TITLE	P	☐ Delete	TITLE	PRESIDE	ENT	<b>⊠</b> Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	147 EAST RIVER ROAD		NAME STREET ADDRESS CITY-ST-ZIP	SCHRISVER, GEORGE 147 EAST RIVER ROAD, FOBOX 520 PARIS, ON N3L 3TL				
TITLE NAME	TARIS ON NOLUTE	Delete	TITLE	THISS,	VN NGL SIB	' ☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	1. 11	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
13. I hereby 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 empty and to execute his 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 line empowered.								

GEORGE SCHRITHEMARCH 14, 2002 (519) 442-2264