2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 30, 2002 8:00 am DOCUMENT # G41930 Secrétary of State 1. Entity Name 07-30-2002 90382 012 ***550.00 LF INVESTMENTS, INC. Principal Place of Business Mailing Address 119 SPADINA AVENUE #401 119 SPADINA AVENUE #401 TORONTO. ONTARIO M5V 2L1 TORONTO, ONTARIO M5V 2L1 CANADA CANADA 2. Principal Place of Business 3. Mailing Address 7 HALTON HALTON COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For MARKHAM ONTARIO MARKHAM 59-2428845 ONTARIO Not Applicable Country \$8.75 Additional CANADA 5. Certificate of Status Desired CANADA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 City 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible = FILE NOW!!!- FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition NAME Frieberg, Louis NAME STREET ADDRESS 119 SPADINA AVENUE, STE. 401 STREET ADDRESS 17 HACTON COURT CITY-ST-ZIP TORONTO, ONTARIO CANADA M5V-2L1-CITY-ST-ZIP MARKHAM ☐ Delete TITLE Change ☐ Addition FRIEBERG, JACK NAME STREET ADDRESS 119 SPADINA AVENUE, STE. 401 STREET ADDRESS CITY-ST-ZIF TORONTO, ONTARIO CANADA M5V -2L1 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE

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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIRCOLIN THORNE CONTROLL

☐ Change

Addition