

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 25, 2000 8:00 am**
Secretary of State

08-25-2000 90062 030 ***558.75

DOCUMENT # H68315

1. Entity Name

METRO INTERNATIONAL BATON ROUGE, INC.

00081021



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**390 BAY ST
1900
TORONTO, ONTARIO CA M5H 2-2
US**

Mailing Address

**390 BAY ST
1900
TORONTO, ONTARIO CA M5H 2-2
US**

2. Principal Place of Business

2 Eva Road

Suite, Apt. #, etc.

Suite, 221

City & State

TORONTO, ONTARIO

Zip

M9C 2A8

Country

CANADA

3. Mailing Address

2 Eva Road

Suite, Apt. #, etc.

Suite 221

City & State

TORONTO, ONTARIO

Zip

M9C 2A8

Country

4. FEI Number

98-0071654

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	VOLLMER, GORD	
STREET ADDRESS	390 BAY ST., STE 1900	
CITY-ST-ZIP	TORONTO ONTARIO CANADA	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	KNOWLTON, MIKE	
STREET ADDRESS	390 BAY ST., STE 1900	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M5H2Y-2	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SIMON, SANDY	
STREET ADDRESS	390 BAY STREET., STE 1900	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M5H2Y-2	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIAMBATTISTA, CARMEN	
STREET ADDRESS	390 BAY STREET., STE 1900	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M5H2Y-2	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAWKER, FERN	
STREET ADDRESS	390 BAY STREET., STE 1900	
CITY-ST-ZIP	TORONTO ONTARIO CANADA M5H2Y-2	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abromeit-Kremser, Bernd. D.	
STREET ADDRESS	R.R. #2	
CITY-ST-ZIP	CALEDON, ONTARIO LON 1C8 CANADA	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gardner, Christopher	
STREET ADDRESS	1585 Greenbriar Dr.	
CITY-ST-ZIP	OAKVILLE, ONTARIO L6M 1Y6 CANADA	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zander, Ute	
STREET ADDRESS	48 Cowan Ave.	
CITY-ST-ZIP	TORONTO, ONTARIO M6K 2N4 CANADA	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horak, Heidi	
STREET ADDRESS	3094 Salmona Court	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5B 4G3 CANADA	
TITLE	Authorized Signing Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heacker, Isabel	
STREET ADDRESS	54 Beech Street	
CITY-ST-ZIP	BRAMPTON, ONTARIO L6V 1V3 CANADA	
TITLE	Authorized Signing Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolter, Karin	
STREET ADDRESS	200 Woolner Ave. Apt. 409	
CITY-ST-ZIP	TORONTO, ONTARIO M6N 1Y4	

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 17/00

416-323-8866

CP2E034 (5/00)