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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:04

DOCUMENT # J01817 (2)

1. Corporation Name
RESCOM INVESTMENTS, INC.

Principal Place of Business	Mailing Address
600 EGLINTON AVE..E.#402 TORONTO.ONTARIO.CANADA M4P 1-3 US	600 EGLINTON AVE..E.#402 TORONTO.ONTARIO.CANADA M4P 1-3 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1670 Bayview Avenue	26 same
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 same
City & State 23 Toronto, Ontario	City & State 28 same
Zip / Country 24 M4G 3C2 / 25 Canada	Zip / Country 29 same / 30 same

4. FEI Number: 36-5365918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FELDMAN, ALAN (MR) 17842 DEAUVILLE LN BOCA RATON FL 33496	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, ALAN A.	12 NAME	
STREET ADDRESS	600 EGLINTON AVE E, STE 402	13 STREET ADDRESS	1670 Bayview Avenue, Suite 400
CITY-ST-ZIP	TORONTO ON	14 CITY-ST-ZIP	Toronto, Ontario M4G 3C2
TITLE	DC	21 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, BEVERLEE	22 NAME	
STREET ADDRESS	600 EGLINTON AVE E, STE 402	23 STREET ADDRESS	1670 Bayview Avenue, Suite 400
CITY-ST-ZIP	TORONTO ON	24 CITY-ST-ZIP	Toronto, Ontario M4G 3C2
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 21, 1995 416-485-2708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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