2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2000 8:00 am Secretary of State **DOCUMENT # K76261** 1. Entity Name ASP VENTURES CORP. 03-10-2000 90033 032 ***150.00 Principal Place of Business Mailing Address 1075 WEST GEORGIA STREET 1075 WEST GEORGIA STREET SUITE 1300 SUITE 1300 VANCOUVER BRITISH COLUMBIA VANCOUVER BRITISH COLUMBIA 2. Principal Place of Business 3. Mailing Address 177 WEST HASTINGS 1177 WEST HASTINGS DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 98-0203918 Ancouver SCOUVER Not Applicable Country ANADA \$8.75 Additional 5. Certificate of Status Desired ANADA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees Z. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Defete NAME WILMONT, ROSS NAME STREET ADDRESS STREET ADDRESS 1300-1075 W. GEORGIA ST CITY-ST-ZIP CITY-ST-ZIP VANCOUVER, BC ☐ Addition TITLE ☐ Change TITLE ☐ Delete WAREHAM, NORMAN NAME NAME STREET ADDRESS STREET ADDRESS 1818-1177 W. HASTINGS ST CITY-ST-ZIP CITY-ST-ZIP VANCOUVER, BC ---- Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Gelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 empowered.