FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L79493 (7)

1. Corporation Name
RESCOM HOLDING COMPANY

Principal Place of Business	Mailing Address
600 EGLINTON AVE. EAST STE. #402 TORONTO. ONT M4P1P-3 CD	600 EGLINTON AVE. EAST STE. #402 TORONTO. ONT M4P1P-3 CD

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1990
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 98-0111456 ☐ 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

FELDMAN, ALAN
17842 DEAUVILLE LANE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, ALAN A.	1.2 NAME	
STREET ADDRESS	600 EGLINTON AVE E., STE. #402	1.3 STREET ADDRESS	1670 Bayview Ave., Suite 400
CITY-ST-ZIP	TORONTO, ONT., CAN. M4P1P-3	1.4 CITY-ST-ZIP	Toronto, Ontario, Canada M4G 3C2
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, ALAN A.	2.2 NAME	
STREET ADDRESS	600 EGLINTON AVE E., #402	2.3 STREET ADDRESS	1670 Bayview Ave., Suite 400
CITY-ST-ZIP	TORONTO, ONT., CANADA M4P1P3	2.4 CITY-ST-ZIP	Toronto, Ontario, Canada M4G 3C2
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), 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: _____ 4/6-485-2208
SIGNATURE AND TYPED OR PRINTED NAME OF ANNUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0483988 IN