File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 20 AM 10: 14 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGIR FART OF STREET TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000674** AM CAN CONSULTANTS, L.C. 1a. Principal Place of Business Address 266 ELMWOOD AVENUE, SUITE 287 266 ELMWOOD AVENUE, SUITE 28 **BUFFALO NY 14222** BUFFALO NY 14222 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/26/1998 FI. Suite Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζiρ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office RAX CO., % MCGUIRE WOODS BATTLE & BOOTHE, LLP Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA ST., 3300 BARNETT CEN JACKSONVILLE FL 32202 Suite, Apl. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR MCGRATH, BLAINE 199 RIDGE ROAD RIDGEWAY, ONTARIO CA HUGHES, ELIZABETH MGR 199 RIDGE ROAD RIDGEWAY, ONTARIO CA 000002853620---\$ -04/27/39--01069--023 11 I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

MANAGING MEMBER OF MANAGER

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attachment with an address.

SIGNATURE: