

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90204 037 \*\*\*\*50.00

**DOCUMENT # M01000001192**

1. Entity Name

**IFAE ACQUISITION LLC**

Principal Place of Business

1 CONCORDE GATE, STE. 800  
TORONTO ONTARIO CANADA M3C3N6

Mailing Address

1 CONCORDE GATE, STE. 800  
TORONTO ONTARIO CANADA M3C3N6

2. Principal Place of Business

180 DUNCAN HILL RD  
Suite, Apt. #, etc.  
4th FLOOR

3. Mailing Address

180 DUNCAN HILL RD  
Suite, Apt. #, etc.  
4th FLOOR

City & State

TORONTO, ONTARIO

City & State

TORONTO, ONTARIO

Zip

M3B 1Z6

Country

CANADA

Zip

M3B 1Z6

Country

CANADA

4. FEI Number

65-069:83367

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MARK ALCOCK	
STREET ADDRESS	180 DUNCAN HILL RD 4TH FLOOR	
CITY-ST-ZIP	TORONTO, ONTARIO M3B 1Z6	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	J. PAUL ALLINGHAM	
STREET ADDRESS	180 DUNCAN HILL RD 4TH FLOOR	
CITY-ST-ZIP	TORONTO, ONTARIO M3B 1Z6	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	MARK ALCOCK - PRESIDENT	
STREET ADDRESS	180 DUNCAN HILL RD 4TH FLOOR	
CITY-ST-ZIP	TORONTO, ONTARIO M3B 1Z6	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	J. PAUL ALLINGHAM - VP & SECRETARY	
STREET ADDRESS	180 DUNCAN HILL RD 4TH FLOOR	
CITY-ST-ZIP	TORONTO, ONT M3B 1Z6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)