

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # M55695
 1. Entity Name
WHEELOAN FINANCIAL CORP.

Principal Place of Business 6462 RACQUET CLUB DRIVE LAUDERHILL FL 33319 US	Mailing Address 18 JUNEWOOD CRESCENT TORONTO, ONTARIO, CANADA m2l2c4
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address POST OFFICE BOX 511 Suite, Apt. #, etc. FRIENDLY ISLAND City & State ALEXANDRIA BAY NY
Zip Country	Zip Country

4. FEI Number 59-2827684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBNER, DALE F.
 100 N. BISCAYNE BLVD., SUITE 2200
 21ST FLOOR, NEW WORLD TOWER
 MIAMI FL 33132 US

7. Name and Address of New Registered Agent

Name
WEBNER, DALE F.
 Street Address (P.O. Box Number is Not Acceptable)
POST OFFICE BOX 266947
 2442 POINCIANA COURT
 City
WESTON FL Zip Code
33326

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 _____ DATE **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STREN SCOTT A 18 JUNEWOOD CRESCENT TORONTO, ONTARIO, CANADA M2L 2C4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STREN CYNTHIA E 18 JUNEWOOD CRESCENT TORONTO, ONTARIO, CANADA M2L 2C4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STREN STEPHEN J 18 JUNEWOOD CRESCENT TORONTO, ONTARIO, CANADA M2L2C4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STREN SCOTT A POST OFFICE BOX 511 FRIENDLY ISLAND ALEXANDRIA BAY NY 13607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STREN CYNTHIA E POST OFFICE BOX 511 FRIENDLY ISLAND ALEXANDRIA BAY NY 13607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STREN STEPHEN J POST OFFICE BOX 511 FRIENDLY ISLAND ALEXANDRIA BAY NY 13607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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.

SIGNATURE: STEPHEN J. STREN PTD 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)