

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000000981**

1. Entity Name

**NEWEOL (DELAWARE), L.L.C.**

Principal Place of Business

**311 ELM STREET, SUITE 1000  
CINCINNATI OH 45202**

Mailing Address

**4126 NORLAND AVE.  
BURNABY  
BRITISH COLUMBIA V5G 3S8**

2. Principal Place of Business

3. Mailing Address

**2225 SHEPPARD AVENUE EAST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ATRIA NORTH III - 11TH FLOOR**

City & State

City & State  
**TORONTO, ONTARIO**

Zip

Country

Zip

**M2J 5B5**

Country

**CANADA**

4. FEI Number

**93-0188663**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE : ☒ Delete  
NAME : **MGR RYAN, ROGER**  
STREET ADDRESS : **17088 S.E. 58TH STREET**  
CITY-ST-ZIP : **BELLEVUE WA 98006**

☐ Change ☐ Addition  
**200003891312--3**  
**-03/21/01--01105--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE : ☐ Delete  
NAME : **MGR DACUS, MARY JANE**  
STREET ADDRESS : **440 SOUTH STATE STREET, UNIT G8**  
CITY-ST-ZIP : **NEWTON PA 18940**

☐ Change ☐ Addition

TITLE : ☐ Delete  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

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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 608, Florida Statutes.

SIGNATURE: *Mary Jane Dacus* **MARY JANE DACUS**

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

**3/8/01**

Date

Daytime Phone #

CR2E083 (11/00)

0022992

N

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE