FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 08, 2002 8:00 am Secretary of State

DOCUMENT # M9800000981					04-08-2002 90206 014 ****50.00			
1. Entity Na								
NEWE	OL (DELAWARE), L.L.C.	1						
						93	6925	
*	DO NOT WRITE	IN THIS SF	PACE			- 3	<i>បម</i> ណ្ឌូ ត្រូ	
	Place of Business	3. Mailing Address						
311 EM STREET Suite, Apt. #. etc.		2225 SHEPPARD AVE. E. Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SDAC	F	
SUITE 1000		SUITE 1100			DO NOT WAITE BY THIS	JANG	-	
City & State CINCINNATI, OH		City & State TORONTO, ONTARIO			FEI Number -0188663		Applied For	
Zip	Country	Zip Zip	Country			\$8.7	Not Applicable 75 Additional	
45202	U.S.A.	M2J 5C2	CANADA	5.	Certificate of Status Desired		Required	
•		•	Namo	7. N	ame and Address of Current Register	d Age	nt	
					RATION SYSTEM			
		oss (P.O. Box Number is Not Acceptable) TH PINE ISLAND ROAD						
•	IN THIS SP	ACE	1200 500 1	. 11 1 11	LD IDDAND ROAD		=	
	•		City			7	in Code	
			PLÁNTATI	ON	F	<u> </u>	ip Code 3324	
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or regi	stered aç	gent, or both, in the State of Florida.			
SIGNIATHING								
SIGNATURE	Signature, typed or printed name of registered agent an	ditite if applicable. (NOTE:	Registered Agent signature requ	ilied when r	elostating) DATE			
			y 1 Fee is \$150.00		40.51-11-0			
Tax filing requirement and elects to do so. Amended			, Fee is \$550.00 UBR is \$61.25		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
		Make Check Payabl	e to Department of S	itate				
11. TITLE	OFFICERS AND D PRESIDENT	IRECTORS	TITLE					
NAM#	PAUL A. HOUSTON		NAME					
STREET ADDRESS			STREET ADDRESS					
Cfly-St-ZiP	TORONTO, ON M2J 5C2 C	ANADA	CITY-ST-ZIP					
TITLE	SECRETARY		TITLE					
NAME STREET ADDRESS	LAUREL J. LANGFORD	NAME. STREET ADDRESS						
CITY-ST-ZIP	1100 - 2225 SHEPPARD AVE TORONTO, ON CANADA M		CHY+SI-ZIP					
TITLE	TREASURER	27 30.2	Inle	120				
NAME	LAUREL J. LANGFORD		NAME					
STREET ADDRESS	1100 - 2225 SHEPPARD AVE	. E.	STREET ADORESS		DO NOT MO	TC		
CITY-SI-ZIP	TORONTO, ON CANADA M2	2J 5C2	CITY-ST-ZIP		DO NOT WR			
TITLE	VICE-PRESIDENT		Hite		IN THIS SPA	CE		
NAME STREET ADDRESS	RONALD L. COSTIGAN	NAMÉ STREET ADDRESS		ne iino oi A	<u> </u>			
CITY-ST-ZIP	1100 - 2225 SHEPPARD AVE. TORONTO, ON CANADA M2	CITY-ST-ZIP				Į		
TITLE	ASSISTANT SECRETARY	J J C L	TITLE		· · · · · · · · · · · · · · · · · · ·			
NAME	AZALEA K. ANGELES	NAME						
STREET ADDRESS	ETADORESS 1100 - 2225 SHEPPARD AVE. E.						ļ	
CITY-ST-ZIP	TORONTO, ON CANADA M2	2J 5C2	CITY-ST-ZIP					
TITLE	MANAGER		TITLË					
NAME STREET ADDRESS	MARY JANE DACUS	ıΩ	NAME CIDECT AGOREGO					
SIRECTADORESS 311 ELM STREET, SUITE 1000 CITY-ST-ZIP CINCINNATI, OH 45202			STREET AODHESS CITY-ST-ZIP					
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13. Thereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:	
SIGITAL UKE.	_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAUREL J. LANGFORD

03/26/02

(416) 498-2430

Date

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