

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000981

FILED
Jan 08, 2004
Secretary of State

Entity Name: NEWEOL (DELAWARE), L.L.C.

Current Principal Place of Business:

311 ELM STREET, SUITE 1000
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

2225 SHEPPARD AVENUE EAST
ATRIA NORTH III 11TH FLOOR
TORONTO, ONTARIO, M2J 5B5

New Mailing Address:

2225 SHEPPARD AVENUE EAST
ATRIA NORTH III 11TH FLOOR
TORONTO, ONTARIO, CA M2J 5C2

FEI Number: 93-0188663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: HOUSTON, PAUL A
Address: 1100-2225 SHEPPARD AVE E
City-St-Zip: TORONTO, ON, CA M2J5C2

Title: MGR () Delete
Name: DACUS, MARY JANE
Address: 311 ELM STREET, SUITE 1000
City-St-Zip: CINCINNATI, OH 45202

Title: S (X) Delete
Name: LANGFORD, LAUREL J
Address: 1100-2225 SHEPPARD AVE E
City-St-Zip: TORONTO, ON, CA M2J5C2

Title: T (X) Delete
Name: LANGFORD, LAUREL
Address: 1100-2225 SHEPPARD AVE E
City-St-Zip: TORONTO, ON, CA M2J5C2

Title: VP (X) Delete
Name: COSTIGAN, RONALD L
Address: 1100-2225 SHEPPARD AVE E
City-St-Zip: TORONTO, ON, CA M2J5C2

Title: S (X) Delete
Name: ANGELES, AZALEA K
Address: 1100-2225 SHEPPARD AVE E
City-St-Zip: TORONTO, ON, CA M2J5C2

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOTTLE, WILLIAM
Address: 1100-2225 SHEPPARD AVENUE EAST
City-St-Zip: TORONTO, ON, CA M2J 5C2

Title: MGR (X) Change () Addition
Name: LOWE, JEFFREY
Address: 1100-2225 SHEPPARD AVE. EAST
City-St-Zip: TORONTO, ON, CA M2J 5C2

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY LOWE

MGR

01/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date