

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

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90062 025 \*\*\*150.00

**DOCUMENT #** P00000068865

**1. Entity Name**  
SBA Canada, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 5900 Broken Sound Parkway NW Suite, Apt. #, etc.	<b>3. Mailing Address</b> 5900 Broken Sound Parkway NW Suite, Apt. #, etc. Attn: Legal Dept.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Boca Raton, FL	<b>City &amp; State</b> Boca Raton, FL	<b>4. FEI Number</b> 65-1024890	<b>Applied For</b> Not Applicable
<b>Zip</b> 33487	<b>Country</b> USA Palm Beach	<b>Zip</b> 33487	<b>Country</b> USA Palm Beach
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Corporation Service Company
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Hays Street
<b>City</b> Tallahassee <b>FL</b> <b>Zip Code</b> 32301

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> D, CEO, President, AT, AS <b>NAME</b> Jeffrey A. Stoops <b>STREET ADDRESS</b> 5900 Broken Sound Parkway NW <b>CITY-ST-ZIP</b> Boca Raton, FL 33487	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> D, CFO, SVP, T, AS <b>NAME</b> John Marino <b>STREET ADDRESS</b> 5900 Broken Sound Parkway NW <b>CITY-ST-ZIP</b> Boca Raton, FL 33487	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> SVP, GC, Secretary, AT <b>NAME</b> Thomas P. Hunt <b>STREET ADDRESS</b> 5900 Broken Sound Parkway NW <b>CITY-ST-ZIP</b> Boca Raton, FL 33487	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> CAO, VP, AS, AT <b>NAME</b> Jack Fiedor <b>STREET ADDRESS</b> 5900 Broken Sound Parkway NW <b>CITY-ST-ZIP</b> Boca Raton, FL 33487	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> VP, AS, AT <b>NAME</b> Pamela J. Kline <b>STREET ADDRESS</b> 5900 Broken Sound Parkway NW <b>CITY-ST-ZIP</b> Boca Raton, FL 33487	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> AS <b>NAME</b> Theresa Nick Breskin <b>STREET ADDRESS</b> 5900 Broken Sound Parkway NW <b>CITY-ST-ZIP</b> Boca Raton, FL 33487	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Thomas P. Hunt, Secretary**

*2-25-02*

561-995-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)