FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State DOCUMENT # P03945 1. Entity Name 02-25-2002 90043 034 ***158 554752 ONTARIO, LTD., INCORPORATED With Market Principal Place of Business Mailing Address .25 SHEPPARD AVE. WEST 25 SHEPPARD AVE. WEST SUITE 700 SUITE 700 TORONTO ONTARIO FL M2N--S6 TORONTO ONTARIO FL M2N- -S6 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **NEWBURGH, STEVEN** Street Address (P.O. Box Number is Not Acceptable) 3081 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State · 在1000年 - 1000年 - 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE Change ☐ Addition TITLE CORMIER, BERNARD NAME NAME STREET ADDRESS 2883 BLOOR STREET WEST STREET ADDRESS CITY ST-ZIP TORONTO ONTARIO CAN. CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME CORMIER, BERNICE STREET ADDRESS STREET ADDRESS 2883 BLOOR STREET WEST CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CAN. Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 12 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORMIER