

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000029806

FILED
Feb 22, 2012
Secretary of State

Entity Name: ATTORNEYPOLYCARD SYSTEMS, INC.

Current Principal Place of Business:

411 GUELPH LINE
BOX 400
BURLINGTON, ONTARIO, L7R 363 CA

New Principal Place of Business:

C/O 8551 W SUNRISE BLVD.
SUITE 208
FORT LAUDERDALE, FL 33322 US

Current Mailing Address:

411 GUELPH LINE
BOX 400
BURLINGTON, ONTARIO, L7R 363 CA

New Mailing Address:

BOX 400 - 411 GUELPH LANE
BURLINGTON, ONTARIO, ON L7R363 CA

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSEN, PHILIP C ESQ.
8551 WEST SUNRISE BOULEVARD
SUITE 208
FORT LUDERDALE, FL 33322 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

OFFICERS AND DIRECTORS:

Title: P
Name: CHARLEBOIS, PAUL
Address: 411 GUELPH LANE - BOX 400
City-St-Zip: BURLINGTON, ONTARIO, ON L7R 3Y3 CA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL CHARLEBOIS

P

02/22/2012

Electronic Signature of Signing Officer or Director

Date