FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:19

DOCUMENT # **P12428** **(9)**

1. Corporation Name
MOCOAT, INC.

Principal Place of Business	Mailing Address
1900-335-8TH AVENUE S.W. CALGARY,ALBERTA CANADA T2P 1	1900-335-8TH AVENUE S.W. CALGARY,ALBERTA CANADA T2P 1

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/10/1986**
3a. Date of Last Report: **03/30/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **98-0057398** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	TORCHINSKY, B.B.	12 NAME	ALEXANDER TAYLOR	
STREET ADDRESS	39 OLD MILL ROAD	13 STREET ADDRESS	400-2233 ARGENTIA ROAD	
CITY-ST-ZIP	TORONTO, CANADA	14 CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CANADA L5N 2X7	
TITLE	SD	21 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	DITTMER, ROBERT G	22 NAME	ROBERT G. DITTMER	
STREET ADDRESS	78 SUNSET WAY S.E.	23 STREET ADDRESS	1900-335-8TH AVENUE S.W.	
CITY-ST-ZIP	CALGARY, ALBERTA, CA	24 CITY-ST-ZIP	CALGARY, ALBERTA, CANADA T2P 1C9	
TITLE	T	31 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	WARD, TERRY F.	32 NAME	TERRANCE F. WARD	
STREET ADDRESS	9149 78TH AVE.	33 STREET ADDRESS	7708 WAGNER ROAD	
CITY-ST-ZIP	EDMONTON AL	34 CITY-ST-ZIP	EDMONTON, ALBERTA, CANADA T6E 5B2	
TITLE	AS	41 TITLE	ASSISTANT SECRETARY	☒ Change ☐ Addition
NAME	MCLEOD, DONALD J.	42 NAME	DONALD J. McLEOD	
STREET ADDRESS	760 COACH BLUFF CRES. SW	43 STREET ADDRESS	1900-335-8TH AVENUE S.W.	
CITY-ST-ZIP	CALGARY, ALBERTA, CA	44 CITY-ST-ZIP	CALGARY, ALBERTA, CANADA T2P 1C9	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SECRETARY APR. 25/95 (403) 263-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402412 IN