


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90012 047 \*\*\*150.00

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| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P19379**  
 1. Corporation Name  
**WEINSTEIN BROTHERS INC.**



|  |  |
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| Principal Place of Business<br>111 SKOKIE BLVD.<br>WILMETTE IL 60091 | Mailing Address<br>4126 NORLAND AVE.<br>BURNABY BC. CANADA V5G 3S8 |
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DO NOT WRITE IN THIS SPACE

|                                      |                           |   |                                |  |
|--------------------------------------|---------------------------|---|--------------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date incorporated or Qualified<br>05/25/1988                                 | 4. FEI Number<br>36-1941550    | Applied For<br>Not Applicable  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired <input type="checkbox"/>                       | \$8.75 Additional Fee Required |  |
| City & State<br>23                   | City & State<br>28        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees    |  |
| Zip<br>24                            | Country<br>25             | Zip<br>29   | Country<br>30                  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 \_\_\_\_\_ (NO E: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                               |
|----------------------------|--|---|-------------------------------|
| TITLE<br>C                 | WEINSTEIN, JOEL W.<br>111 SKOKIE BLVD.<br>WILMETTE IL 60091                    | 1.1 TITLE<br>D  | PAUL WAGLER                   |
| NAME                       |  | 1.2 NAME  |                               |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    | 4126 NORLAND AVENUE           |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       | BURNABY, B.C., CANADA V5G 3S8 |
| TITLE<br>DCEO              | CUTLER, NORMAN<br>111 SKOKIE BLVD.<br>WILMETTE IL 60091                        | 2.1 TITLE<br>CEO                                      |                               |
| NAME                       |  | 2.2 NAME  |                               |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |                               |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |                               |
| TITLE<br>D                 | LOEWEN, RAYMOND L.<br>4126 NORLAND AVE.<br>BURNABY BC., CANADA V5G 3S8         | 3.1 TITLE<br>VP                                       | JAFFREY I. CASHNER            |
| NAME                       |  | 3.2 NAME  |                               |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | 801 TEAS ROAD                 |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | CONROE, TX 77303              |
| TITLE<br>DAS               | HYNDMAN, PETER S.<br>4126 NORLAND AVE.<br>BURNABY BC., CANADA V5G 3S8          | 4.1 TITLE<br>VP                                       | SEAN M. GILCHRIST             |
| NAME                       |  | 4.2 NAME  |                               |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | 801 TEAS ROAD                 |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | CONROE, TX 77303              |
| TITLE<br>P                 | WEINSTEIN, ROBERT A.<br>335 W. DUNDEE RD., #202<br>BUFFALO GROVE IL 60089-3545 | 5.1 TITLE<br>5.2 NAME                                 | 24100 NORTH HIGHWAY 45        |
| NAME                       |  | 5.3 STREET ADDRESS                                    |                               |
| STREET ADDRESS             |  | 5.4 CITY-ST-ZIP                                       | VERNON HILLS, IL 60061-3180   |
| CITY-ST-ZIP                |  | 6.1 TITLE<br>6.2 NAME                                 | ST<br>GEORGE M. AMATO         |
| TITLE<br>ST                | ROLLINGS, GREGORY K.<br>681 NORTH AVENUE<br>JONESBORO GA 30236                 | 6.3 STREET ADDRESS                                    | 4145-58TH STREET              |
| NAME                       |  | 6.4 CITY-ST-ZIP                                       | WOODSIDE, NY 11377            |
| STREET ADDRESS             |  |   |                               |
| CITY-ST-ZIP                |  |   |                               |

14. 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 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, with all other like empowered.

|                  |                                      |                      |                                 |
|------------------|--------------------------------------|----------------------|---------------------------------|
| SIGNATURE: _____ | SIGNATURE REQUIRED: PETER S. HYNDMAN | Date: April 20, 1999 | Daytime Phone #: (604) 299-9321 |
|------------------|--------------------------------------|----------------------|---------------------------------|

CR2E034 (1/198)