

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 27 1998 8:00am  
Secretary of State

DOCUMENT # **P35570** (1)  
1. Corporation Name  
**NAMROG U.S., INC.**



Principal Place of Business  
**95 ST. CLAIR AVENUE WEST, SUITE 1102  
TORONTO, ONTARIO  
CANADA M4V 1N6  
OC**

Mailing Address  
**95 ST. CLAIR AVENUE WEST, SUITE 1102  
TORONTO, ONTARIO  
CANADA M4V 1N6  
OC**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/19/1991**

4. FEI Number  
**98-0069610**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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  
85 Zip Code  
**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	GORMAN, HARRY	95 ST. CLAIR AVENUE WEST, SUITE 1102	CANADA M4V 1N6	
STD	SOBERANO, RALPH	95 ST. CLAIR AVENUE WEST, SUITE 1102	CANADA M4V 1N6	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	1.2	1.3	1.4	
2.1	2.2	2.3	2.4	
3.1	3.2	3.3	3.4	
4.1	4.2	4.3	4.4	
5.1	5.2	5.3	5.4	
6.1	6.2	6.3	6.4	

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.

SIGNATURE:

*[Signature]*

*[Signature]*

*[Signature]*

CR2E034 (10/97)