FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P35629** **(5)**

1. Corporation Name

955838 ONTARIO LIMITED (CORPORATION)

Principal Place of Business
1306 WELLINGTON ST., SUITE 400
OTTAWA, ONTARIO, K1Y 3B2

Mailing Address
1306 WELLINGTON ST., SUITE 400
OTTAWA, ONTARIO, K1Y 3B2

3. Date Incorporated or Qualified: **09/24/1991**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business
21 6 ANTARES DRIVE
Suite, Apt. #, etc.: 22 205
City & State: 23 NEPEAN ONTARIO
Zip: 24 K2E 8A9 Country: 25 CANADA

2a. Mailing Address
26 6 ANTARES DRIVE
Suite, Apt. #, etc.: 27 205
City & State: 28 NEPEAN ONTARIO
Zip: 29 K2E 8A9 Country: 30 CANADA

4. FEI Number: **98-0122413** Applied For ☐ Not Applicable ☐

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHAW, TIMOTHY S.
720 S ORANGE AVENUE
SARASOTA FL 34236

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
Signature (Signature must be in the process capacity of the date of filing) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, PETER	1.2 NAME	
STREET ADDRESS	85 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA, ONTARIO	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, PAUL	2.2 NAME	
STREET ADDRESS	5516 WICKLOW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANOTICK, ONTARIO	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEACOCK, DOUGLAS	3.2 NAME	
STREET ADDRESS	154 HEATH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA, ONTARIO	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: PRESIDENT — Jan 31/96 — (613) 226-9902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)