

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P36234**

1. Corporation Name
BEC/PHILIP, INC.

Principal Place of Business
**5151 SAN FELIPE
SUITE 1600
HOUSTON TX 77056
US**

Mailing Address
**100 KING ST WEST
22ND FLOOR
HAMILTON ON L7N4J
CA**

FILED

99 AUG 31 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1991

4. FEI Number

63-0499474

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

**800002977238--3
-09/02/99--01072--008**

84 City

*****550 PQ ***958.00**

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 **P** ☐ DELETE
NAME **THOMAS, ALEC**
STREET ADDRESS **5151 SAN FELIPE, STE 1600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **VP** ☐ DELETE
NAME **PETERSON, TOM**
STREET ADDRESS **5151 SAN FELIPE, SUITE 1600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **S** ☐ DELETE
NAME **SOULE, COLIN**
STREET ADDRESS **100 KING STREET WEST**
CITY-ST-ZIP **HAMILTON ON L8N4J**

TITLE **T** ☐ DELETE
NAME **RAMIREZ, MICHAEL W**
STREET ADDRESS **5151 SAN FELIPE, STE 1600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **D** ☐ DELETE
NAME **THOMAS, ALEX**
STREET ADDRESS **5151 SAN FELIPE, STE 1600**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **ASST. SEC.** ☐ DELETE
NAME **ANNA KENTREKA**
STREET ADDRESS **100 KING ST. W.**
CITY-ST-ZIP **HAMILTON ONT. CANADA L8N 4J6**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**ASST. SEC.
ANNA KENTREKA
100 KING ST. W.
HAMILTON ONT. CANADA L8N 4J6**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNA KENTREKA

Aug. 19, 1999 905-521-1600

Daytime Phone #

012702

CR2E034 (5/99)