

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90170 020 ***550.00

0150287 IN

DOCUMENT # P93000056617

1. Entity Name

CORESLAB STRUCTURES (TAMPA) INC.

Principal Place of Business

6301 N. 56TH ST.
 TAMPA FL 33610
 OC

Mailing Address

1121 HERITAGE RD.
 BURLINGTON ONTARIO
 CANADA L7L 4Y1

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

332 Jones Rd.
 Suite, Apt. #, etc.
Unit 1

City & State

Stoney Creek, Ontario

Zip

L8E 5N2

Country

Canada

4. FEI Number

59-3199150

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002, Fee will be \$750.00.
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
FRANCIOSA, LUIGI
11211 HERITAGE ROAD
BURLINGTON ONTARIO CANADA

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
FRANCIOSA, MARIO
11211 HERITAGE ROAD
BURLINGTON ONTARIO CANADA

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
FRANCIOSA, DOMINIC
11211 HERITAGE ROAD
BURLINGTON ONTARIO CANADA

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
SPIEGEL, SIDNEY
343 WILSON AVENUE STE. 200
DOWNSVIEW, ONTARIO CANADA

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
SPIEGEL, ROBERT
343 WILSON AVENUE STE. 200
DOWNSVIEW, ONTARIO CANADA

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
332 Jones Rd., Unit 1
Stoney Creek, Ontario, Canada L8E 5N2

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
332 Jones Rd., Unit 1
Stoney Creek, Ontario, Canada L8E 5N2

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
332 Jones Rd., Unit 1
Stoney Creek, Ontario, Canada L8E 5N2

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
132 Sheppard Ave. W., Ste. 200
North York, Ontario, Canada M2N 1M5

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
132 Sheppard Ave. W., Ste. 200
North York, Ontario, Canada M2N 1M5

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 24/02 (905) 643-0220

Date

Daytime Phone #

CR2E034 (4/02)