CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

P93000056617 **DOCUMENT#**

CORESLAB STRUCTURES (TAMPA) INC.

FILED Aug 01, 2002 8:00 am Secretary of State 08-01-2002 90170 020 ***550.00

Principal Place of Business		Mailing Address							
6301 N. 56TH ST. TAMPA FL 33610 OC		1121 HERITAGE RD. BURLINGTON ONTARIO CANADA ETL 4Y1							
2. Principal Place of Business			3. Mailing Address			#00# 00# 110 10##1 1111/ C4111 00#	(II ar iit baia t a ifii	I BEILA BILBE	4 1
Suite, Apt. #, etc.			332 Jones Rd. Suite, Apt. #, etc. Unit 1			DO NOT WRITE IN THIS SPACE			
City & State		City & State Stoney Creek, Ontario			FEI Number 59-3 199 150 Applied F			plied For t Applicable	
Zip Country		Zip Country L8E 5N2 Canada			Certificate of Status Desired		3.75 Add		
	6. Name	and Address of Current R			7.	Name and Address of New Ro	egistered Age	ent	
				Name					-
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address		Address (P.O.	Box Number is Not Acceptable	1)		
PLANTATION FL 33324									
				City			FL	Zip Code	
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent. 							rida. I am fam	niliar with,	and accept
SIGNATURE									
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signs	ture required when	reinstating)	DATE		
9. This corpo	oration is eligi	ble to satisfy its Intangible	FILE NOW!!	FEE IS \$550	.0Q	40 Flaction Committee Fig.			
Tax filing requirement and elects to do so.		After September 13, 2002 Fee will be \$750.			 10. Election Campaign Final Trust Fund Contribution 			May Be to Fees	
(See criteria on back)		Maka Chask Davahi	a ta Danarima						
			Make Check Payabl		it or State				
11.	1	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHANGES TO OFFI			IN 11
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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 cath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP ·

THE REOLUMED

Tury 24/02 (905)643-0220