FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE

DOCUMENT # P94000010073 (2)

1. Corporation Name
URECON SYSTEMS, INC.

Principal Place of Business	Mailing Address
200 W FORSYTH ST SUITE 1600 JACKSONVILLE FL 32202	200 W FORSYTH ST SUITE 1600 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5169 West 12th Street	26 1001 De Maisonneuve West
Suite, Apt #, etc 22	Suite, Apt #, etc 27 950
City & State 23 Jacksonville, Florida	City & State 28 Montreal, Quebec
Zip 24 32254 / Country 25 USA	Zip 29 H3A 3C8 / Country 30 Canada

4. FEI Number: 593222462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] — $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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, LEWIS S
200 W FORSYTH ST
SUITE 1600
JACKSONVILLE FL 32202

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 ____ DATE ____

12. OFFICERS AND DIRECTORS (blank)

12.	OFFICERS AND DIRECTORS
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE	P/D	☐	[X]
1.2 NAME	Murphy, Peter		
1.3 STREET ADDRESS	1800 boul. Bédard		
1.4 CITY ST ZIP	St-Lazare, Quebec, Canada J0P 1V0		
2.1 TITLE	S/D	☐	[X]
2.2 NAME	MacDonald, Ron		
2.3 STREET ADDRESS	1800 boul. Bédard		
2.4 CITY ST ZIP	St-Lazare, Quebec, Canada J0P 1V0		
3.1 TITLE	T/D	☐	[X]
3.2 NAME	Lajoie, Pierre		
3.3 STREET ADDRESS	1800, boul. Bédard		
3.4 CITY ST ZIP	St-Lazare, Quebec, Canada J0P 1V0		
4.1 TITLE	D	☐	[X]
4.2 NAME	Richer, Normand		
4.3 STREET ADDRESS	1800 boul. Bédard		
4.4 CITY ST ZIP	St-Lazare, Quebec, Canada J0P 1V0		
5.1 TITLE	D	☐	[X]
5.2 NAME	Gaylard, Gregg		
5.3 STREET ADDRESS	1800 boul. Bédard		
5.4 CITY ST ZIP	St-Lazare, Quebec, Canada J0P 1V0		
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
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: [signature] Ron MacDonald — 23/05/95 — (514)455-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013601 CP