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 # P94000010073 (2)

1. Corporation Name
URECON SYSTEMS, INC.

Principal Place of Business
5169 WEST 12TH ST
SUITE 1600
JACKSONVILLE FL 32254
US

Mailing Address
1001 DE MAISONNEUVE WEST
SUITE 950
MONTREAL QU 32202
US

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report: 06/01/1995
4. FEI Number: 59-3222462 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc: P.O. BOX 410243
23 City & State: MELBOURNE, FLORIDA
24 Zip: 32941-0243 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State: MONTREAL, QUEBEC
29 Zip: H3A-3C8 30 Country: CANADA

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
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

	12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12
TITLE	PD	☐ DELETE	☒ Change ☐ Addition
NAME	MURPHY, PETER		
STREET ADDRESS	1800 BOUL BEDARD		
CITY-ST-ZIP	ST LAZARRE QU		ST LAZARE, QUEBEC, J7T-2G4
TITLE	SD	☐ DELETE	☒ Change ☐ Addition
NAME	MACDONALD, RON		
STREET ADDRESS	1800 BOUL BEDARD		
CITY-ST-ZIP	ST LAZARRE QU		ST LAZARE, QUEBEC, J7T-2G4
TITLE	TD	☐ DELETE	☒ Change ☐ Addition
NAME	LAJOI, PIERRE		
STREET ADDRESS	1800 BOUL BEDARD		
CITY-ST-ZIP	ST LAZARRE QU		ST LAZARE, QUEBEC, J7T-2G4
TITLE	D	☐ DELETE	☒ Change ☐ Addition
NAME	RICHER, NORMAND		
STREET ADDRESS	1800 BOUL BEDARD		
CITY-ST-ZIP	ST LAZARRE QU		ST LAZARE, QUEBEC, J7T-2G4
TITLE	D	☐ DELETE	☒ Change ☐ Addition
NAME	GAYLARD, GREGG		
STREET ADDRESS	1800 BOUL BEDARD		
CITY-ST-ZIP	ST LAZARRE QU		ST LAZARE, QUEBEC, J7T-2G4
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
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] PETER MURPHY 96-05-21 514-455-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)