FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Feb 21 1997 8:00am
Secretary of State

DOCUMENT # **P94000010073 (2)**

1. Corporation Name
URECON SYSTEMS, INC.

Principal Place of Business
P. O. BOX 410243
SUITE 1600
MELBOURNE FL 32941-0243
US

Mailing Address
1001 DE MAISONNEUVE WEST
SUITE 950
MONTREAL QU H3A-3
US

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report: 05/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28 Montreal (Quebec)
Zip — 24
Country — 25
Zip — 29 H3A 3C8
Country — 30 Canada

4. FEI Number: 59-3222462 — 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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, PETER	1.2 NAME	
STREET ADDRESS	1800 BOUL BEDARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LAZARE QU	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, RON	2.2 NAME	
STREET ADDRESS	1800 BOUL BEDARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LAZARE QU	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LAJOI, PIERRE	3.2 NAME	LAJOIE, PIERRE
STREET ADDRESS	1800 BOUL BEDARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LAZARE QU	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHER, NORMAND	4.2 NAME	
STREET ADDRESS	1800 BOUL BEDARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LAZARE QU	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GAYLARD, GREGG	5.2 NAME	
STREET ADDRESS	1800 BOUL BEDARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LAZARE QU	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 REQUIRED — Feb. 13, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)