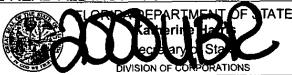
PEEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REMOTATEMEN



OC	)03	377	0	1
	O	0003	000377	0003770

1. Corporation Name

## INFOCORP RETAIL SOLUTIONS INC.

Principal Place of Business

Mailing Address

FILED 00 NOV -3 PM 2: 00 SECRETARY OF STATE TALLAHASSEE FLORIDA

445 5TH AVE MELBOURNE FL 32903  445 5TH AVE MELBOURNE FL 32903										
If above addresses are incorrect in any way, line through incorrect info				formation and enter correction below.			3000034730132 -11/21/0001085007			
New Principal Office Address, If Applicable     3. New Ma			3. New Maili	iling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 05/16/1994			
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.			5. FEI Number		Applied For	
City & State	9		City & State				6.	59-3244169	Not Applicable	
Zip		Country	Zip		Country		CERTIFICATE OF STATUS DESIRED		Additional Fee required r a Certificate of Status	
7. Names	and Street Ad	Idresses of Each Officer and	t/or Director (Flo	rida nonprof	it corporat	ions must list at lea	st 3 directors)			
Title(s)	Name of Officers			Street Address of Eac Officer and/or Directo			City / State / Z		te / Zip	
CEO				1155 SHERWIN RD				WINNIPEG, CANADA R3HOV1		
-600	ANDREWS-TOWNSEND, MARK				1155 SHERWIN RD			WINNIPEG, CANADA R3HOV1		
-00-	-OD- LOUIZOS, DIANNE				-445 5TH-AVE			MELBOURNE FL 32903		
CFO BULLER, WALTER				1155-SHERWIN-RD				WINNIPEG R3H-OV1		
V-P F	PF MARRIN, DOUGHAS			1155 SHERWIN RD				WINNIPEG, CANADA R3HOUL		
	4110	TUN, TAMAI	9	445	574	AUE., 2no	Floor	MELBOURNE, F	£-35403	
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent			
		_				Name  -	INTON	TAMRA		
LOUIZOS, DIANNE				,	Street Address (P.O. Box Number is Not Acceptable)					
					Suite, Apt. #, Etc	5th Aue., 2nd Floor				
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								Zip Code 32903		
10. 1, bein Signature d Registered	of	Tamin		nto			bligations of Sect	Date	2-00	
this rei	nstatement ap	anlication, the reason for dis	solution has beer e names of indivi	n eliminated, duals listed (	the corpo	rate name satisties m do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I further s of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. 1	io i, F.S., that all lees	

SIGNATURE:

DOUG MARRIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00

204-694-5550

Date

Daytime Phone #