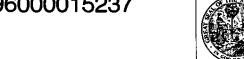
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P96000015237

1. Entity Name





Mar 28, 2003 8:00 am \(\frac{9}{8}\) **Secretary of State** 03-28-2003 90098 037 ***150.00

FILED

WOLCORP, INC. Principal Place of Business Mailing Address 5145 CITY STREET 5145 CITY STREET ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3403992 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLATER, JOEL K Street Address (P.O. Box Number is Not Acceptable) 5145 CITY STREET ○ ORLANDO FL 32839 City Zip Code 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPAS TITLE ☐ Delete TITLE ☐ Addition MORTON, HENRY NAME NAME STREET ADDRESS 1090 DON MILLS ROAD, SUITE 600 STREET ADDRESS DON MILLS, ONTARIO, CANADA CITY-ST-ZIP CITY-ST-ZIP DC ☐ Change Addition TITLE ☐ Delete TITLE MORTON, PAUL NAME NAME 1090 DON MILLS ROAD, SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DON MILLS, ONTARIO, CANADA CITY-ST-ZIP DVPS TITLE ☐ Delete ☐ Change ☐ Addition SLATER, JOEL K NAME NAME STREET ADDRESS 5009 PARK CENTRAL DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **GOLDBERG, LAURENCE** NAME STREET ADDRESS 181 BAY STR STE 2500 STREET ADDRESS TORONTO ONTARIO CANADA M5J- 2T7 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 oath; that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SPECIEUUIR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER