FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 15 AM 10: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054024

1. Entity Name

AMENDED
GARDEN SANCTUARY ACQUISITION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7950 - 131 ST STREET NORTH	2225 SHEPPARD AVE. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1100
City & State SEMINOLE, FL	City & State TORONTO, ONTARIO
Zip / Country 34646 / U.S.A.	Zip / Country M2J 5C2 / CANADA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3391101
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City: PLANTATION **FL** Zip Code: 33324

8. 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AMENDMENT TO EARLIER REPORT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100005337211--5 -04/24/02--01014--026 *****61.25 *****61.25
TITLE VICE-PRESIDENT		TITLE	
NAME BRADLEY D. STAM		NAME	
STREET ADDRESS 1100-2225 SHEPPARD AVE. E.		STREET ADDRESS	
CITY-ST-ZIP TORONTO, ON CANADA M2J 5C2		CITY-ST-ZIP	
TITLE VICE-PRESIDENT		TITLE	
NAME J.C. OGIER MATHEWES		NAME	
STREET ADDRESS 1680 METROPOLITAN CIRCLE		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP TALLAHASSEE, FL 32308		CITY-ST-ZIP	**IN THIS SPACE**
TITLE VICE-PRESIDENT		TITLE	
NAME JOHN LAJOY		NAME	
STREET ADDRESS 1100-2225 SHEPPARD AVE. E.		STREET ADDRESS	
CITY-ST-ZIP TORONTO, ON CANADA M2J 5C2		CITY-ST-ZIP	
TITLE VICE-PRESIDENT		TITLE	
NAME ANDREW J. GAUNTLEY		NAME	
STREET ADDRESS #1029 - 4710 KINGSWAY		STREET ADDRESS	
CITY-ST-ZIP BURNABY, B.C. V5H 4M2		CITY-ST-ZIP	
TITLE ASSISTANT SECRETARY		TITLE	
NAME AZALEA K. ANGELES		NAME	
STREET ADDRESS 1100-2225 SHEPPARD AVE. E.		STREET ADDRESS	
CITY-ST-ZIP TORONTO, ON CANADA M2J 5C2		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: L. Langford LAUREL J. LANGFORD 04/12/02 (416) 498-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 2/26/2002 C T System Online

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

GARDEN SANCTUARY ACQUISITION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7950 - 131 ST STREET NORTH	2225 SHEPPARD AVE. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1100
City & State SEMINOLE, FL	City & State TORONTO, ONTARIO
Zip 34646	Country U.S.A.
Zip M2J 5C2	Country CANADA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3391101
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City: PLANTATION **FL** Zip Code: 33324

8. 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.

SIGNATURE _____ DATE
(Signature, typed or printed name of individual with authority to sign, and title if applicable) (REQUIRED: Registered Agent signature required for each box checked)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	PAUL A. HOUSTON
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP	TORONTO, ON M2J 5C2 CANADA
TITLE	SECRETARY
NAME	LAUREL J. LANGFORD
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2
TITLE	TREASURER
NAME	LAUREL J. LANGFORD
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2
TITLE	VICE-PRESIDENT
NAME	JOSEPH T. HARDIMAN
STREET ADDRESS	311 ELM STREET, SUITE 1000
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	DIRECTOR
NAME	JEFFREY LOWE
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2
TITLE	DIRECTOR
NAME	WILLIAM TOTTLE
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL J. LANGFORD 03/26/02 (416) 498-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number