FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am **DOCUMENT # \$15543** Secretary of State KEY MARCO HOLDINGS, INC. 03-06-2001 90102 040 ***150.00 Principal Place of Business Mailing Address 22 ST. CLAIR AVE., EAST. STE 1010 22 ST. CLAIR AVE., EAST, STE 1010 TORONTO, ONTARIO M4T 283 TORONTO, ONTARIO M4T 2S3 CANADA CANADA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1713577 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _____ Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition ☐ Delete TITLE DIAMOND, CAREY J. NAME NAME STREET ADDRESS STREET ADDRESS 35 MILLBANK AVE CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONT ☐ Addition TITLE ☐ Delete TITLE ☐ Change DIAMOND, CAREY J. NAME NAME STREET ADDRESS 35 MILLBANK AVE STREET ADDRESS CITY-ST-7IP TORONTO, ONT CITY-ST-7IP **VP** Delete --TITLE ~ ☐ Addition TITLE ---ELMER, KIM NAME NAME STREET ADDRESS 101 CONSTANCE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO ON M6R1S ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

FEB R/01 416-961-535