

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90039 040 ***150.00

DOCUMENT # S 26959
 1. Entity Name
O. I. A. PROPERTY INC.

Principal Place of Business Mailing Address
331 RIVERVIEW DRIVE
TORONTO, ONTARIO
CANADA M4N-3C9

2. Principal Place of Business Suite, Apt. #, etc. SAME AS ABOVE
 3. Mailing Address Suite, Apt. #, etc. SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country

4. FEI Number 98-0118591 Applied For (Not Applicable)
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRENTICE HALL CORPORATION
1201 HAYES ST.
SUITE 105
TALLAHASSEE, FL. 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 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	<u>PRESIDENT & DIRECTORS</u> <input type="checkbox"/> Delete
NAME	<u>H. THOMAS BECK</u>
STREET ADDRESS	<u>331 RIVERVIEW DRIVE</u>
CITY-ST-ZIP	<u>DR. ONT. ODA M4N-3C9</u>
TITLE	<u>SECRETARY</u> <input type="checkbox"/> Delete
NAME	<u>CATHERINE BECK</u>
STREET ADDRESS	<u>331 RIVERVIEW DR.</u>
CITY-ST-ZIP	<u>TOR. ONT. ODA M4N-3C9</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 name empowered.

SIGNATURE: Catherine Beck CATHERINE BECK APR 10/00 (916) 322-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)