2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37131 Feb 21, 2000 8:00 am Secretary of State GEORGE & M INVESTMENT INC. 02-21-2000 90033 007 ***158.75 Principal Place of Business Mailing Address 4848 NW 24 CT. #214 71 WELLSWORTH DR. ETOBICOKE, ONTARIO M9C4R LAUDERDALE LAKES FL 33313 UUU23244 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0697704 Not Applicable Zip Country 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 PINK, LLOYD Street Address (P.O. Box Number is Not Acceptable) 4848 NW 24 CT. #214 LAUDERDALE LAKES FL 33313 Zip Code 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) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE MARSH, HURBERT G STREET ADDRESS 71 WELLSWORTH DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ETOBICOKE, ONTARIO M9C4R-4 Channe Addition TITLE ☐ Delete NAME MARSH, MADGE STREET ADDRESS 71 WELLSWORTH DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ETOBICOKE, ONTARIO M9C4R-4 Change ☐ Addition ☐ Delete TITLE TITLE MARSH, PAMELA NAME NAME STREET ADDRESS STREET ADDRESS 311-70 REXDALE BLVD. CITY-ST-ZIP CITY-ST-ZIP TORNOTO, ONTARIO W9WIN-6 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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

MARSH Geb. 10.00

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