

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90263 007 \*\*\*\*61.25

**DOCUMENT #** 826222  
**1. Entity Name**  
 The Independent Order of Foresters

**Principal Place of Business**                      **Mailing Address**  
 789 Don Mills Road                      789 Don Mills Road  
 Toronto, Ontario                      Toronto, ON M3C 1T9  
 Canada M3C 1T9

**2. Principal Place of Business**                      **3. Mailing Address**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

**City & State**                      **City & State**  
 Zip                      Country                      Zip                      Country

**4. FEI Number**  
 98-0000680                      **Applied For**  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

60001895

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, Florida 33324

**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)

**FILE NOW:**  
**FEE IS \$61.25**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b>	Michael J. White	
<b>STREET ADDRESS</b>	80 Front Street	
<b>CITY-ST-ZIP</b>	Toronto, Ontario M5E 1T4	
<b>TITLE</b>	SECRETARY	<input type="checkbox"/> Delete
<b>NAME</b>	William J. Valiquette	
<b>STREET ADDRESS</b>	8 Cherry Blossom Lane	
<b>CITY-ST-ZIP</b>	Toronto, Ontario L3T 3B9	
<b>TITLE</b>	TREASURER	<input type="checkbox"/> Delete
<b>NAME</b>	J. Stephen McDonald	
<b>STREET ADDRESS</b>	4495 Glen Erin Drive	
<b>CITY-ST-ZIP</b>	Mississauga, Ontario L5M 4G5	
<b>TITLE</b>	DIRECTOR	<input type="checkbox"/> Delete
<b>NAME</b>	Hugh F. Lindsay	
<b>STREET ADDRESS</b>	16031 82nd Avenue, Ste 106	
<b>CITY-ST-ZIP</b>	Surrey, BC V3S 2L6	
<b>TITLE</b>	DIRECTOR	<input type="checkbox"/> Delete
<b>NAME</b>	Kenneth C. Peterson	
<b>STREET ADDRESS</b>	749 Ridge Road	
<b>CITY-ST-ZIP</b>	Littleton, CO 80120	
<b>TITLE</b>	DIRECTOR	<input type="checkbox"/> Delete
<b>NAME</b>	Charles G. Cale	
<b>STREET ADDRESS</b>	1821 Wilshire Boulevard, Ste 212	
<b>CITY-ST-ZIP</b>	Santa Monica, CA 90404	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

**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 trustee empowered to execute this report as required by Chapter 617, 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:** J. Stephen McDonald                      April 30, 2001                      416 429-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (11/00)

att Doc# 826022  
CODE 7895

Schedule "A" to  
Florida Department of State  
2001 Uniform Business Report (UBR)  
Section 10.- Officer and Directors

**10. Officers and Directors**

**Title:** DIRECTOR  
**Name:** Peter Daly  
**Street Address:** 35 Church Street, Apt 216  
**City-St-Zip:** Toronto, Ontario M5E 1T3

**Title:** DIRECTOR  
**Name:** Patrick W. Kenny  
**Street Address:** 33 Fulton Place  
**City-St-Zip:** West Hartford, CT 06119

**Title:** DIRECTOR  
**Name:** L. Maureen Morrison  
**Street Address:** 4212-105 Avenue  
**City-St-Zip:** Edmonton, AB T6A 0Z9

**Title:** DIRECTOR  
**Name:** W. Ross Walker  
**Street Address:** 37 Castle Frank Crescent  
**City-St-Zip:** Toronto, Ontario M4W 3A2

**Title:** DIRECTOR  
**Name:** Barbara J. McDougall  
**Street Address:** 1 Clarendon Avenue, Ste 401  
**City-St-Zip:** Toronto, Ontario M4V 1H8

**Title:** DIRECTOR  
**Name:** Leon K. Ellis  
**Street Address:** 4775 NW 5<sup>th</sup> Avenue  
**City-St-Zip:** Boca Raton, FL 33431-4605

**Title:** DIRECTOR  
**Name:** Robert W. McQueen  
**Street Address:** 23 Brightbay Crescent  
**City-St-Zip:** Thornhill, ON L3T 1C2

**Title:** DIRECTOR  
**Name:** Helen R. Sullivan  
**Street Address:** 339 South Silverbrook Drive  
**City-St-Zip:** Anaheim, CA 92807

**Title:** DIRECTOR  
**Name:** Christopher Wansbrough  
**Street Address:** 132 Warren Road  
**City-St-Zip:** Toronto, Ontario M4V 2S1

**Title:** DIRECTOR  
**Name:** Bernard E. Bloom  
**Street Address:** 27 Willmington Close  
**City-St-Zip:** Townhill Park, Southampton,  
Hants, SO18 2RD ENGLAND