

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90007 006 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

BF USB, INC.

Principal Place of Business

Mailing Address

1780 BURNS AVENUE  
ST. LOUIS, MO 63101

405 THE WEST MALL  
SUITE 1000  
ETOBICOKE, ONTARIO M9C 5J1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/14/1994

4. FEI Number

43-1688835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME PALUCH, BRIAN  
STREET ADDRESS 1780 BURNS AVENUE  
CITY-ST-ZIP ST. LOUIS, MO 63101

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V&T ☐ DELETE  
NAME QUINTILIANI, PETER  
STREET ADDRESS 405 THE WEST MALL, SUITE 1000  
CITY-ST-ZIP TORONTO, ONTARIO M9C 5J1

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME KINGDON, RAYMOND  
STREET ADDRESS 135 OTONABEE DRIVE, P.O. BOX 9052  
CITY-ST-ZIP KITCHENER, ONTARIO K2G 4J3

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AT ☐ DELETE  
NAME WAITE, DOUGLAS  
STREET ADDRESS 405 THE WEST MALL, SUITE 1000  
CITY-ST-ZIP TORONTO, ONTARIO M9C 5J1

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME FERRARO, PETER L.  
STREET ADDRESS 405 THE WEST MALL, SUITE 1000  
CITY-ST-ZIP TORONTO, ONTARIO M9C 5J1

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME TANNON, JAY M.  
STREET ADDRESS 3200 PROVIDIAN CENTER, 30th FLOOR  
CITY-ST-ZIP LOUISVILLE, KY 40202

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter L. Ferraro* Peter L. Ferraro, Secretary April 28/99 416) 620-3623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)