

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004752

1. Entity Name

BF USB, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90039 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1780 BURNS AVENUE  
 ST LOUIS MO 63101

405 THE WEST MALL  
 SUITE 1000  
 TORONTO, ONTARIO M9C

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

43-1688835

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VT ☐ Delete  
 NAME QUINTILIANI, PETER C  
 STREET ADDRESS 405 THE WEST MALL, SUITE 1000  
 CITY-ST-ZIP TORONTO, ONTARIO M9C-5J1

TITLE ☒ Change ☐ Addition  
 NAME QUINTILIANI, PETER (delete "C")  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☐ Delete  
 NAME KINDON, RAYMOND  
 STREET ADDRESS 135 ONTONABEE DRIVE  
 CITY-ST-ZIP KITCHENER ON K2G-4J3

TITLE ☒ Change ☐ Addition  
 NAME KINGDON, RAYMOND  
 STREET ADDRESS 135 OTONABEE DRIVE  
 CITY-ST-ZIP

TITLE AT ☐ Delete  
 NAME WAITE, DOUGLAS  
 STREET ADDRESS 405 THE WEST MALL, SUITE 1000  
 CITY-ST-ZIP TORONTO, ONTARIO M9C 4Z4 M9C-5J1

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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

April 29, 2000

Date

(416) 626-1973

Daytime Phone #