

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortram  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:17

DOCUMENT # **P05963** (4)

1. Corporation Name  
**MACKENZIE INVESTMENT MANAGEMENT INC.**

Principal Place of Business Mailing Address  
700 S. FEDERAL HWY. SUITE 300 BOCA RATON FL 33432  
700 S. FEDERAL HWY. SUITE 300 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/10/1985** 3a. Date of Last Report **04/22/1994**  
4. FEI Number **59-2522153** 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 has liability for intangible tax under S. 199.032, Florida Statutes  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  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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	
TITLE	<b>TD</b>
NAME	<b>CARLSON, KEITH J.</b>
STREET ADDRESS	<b>700 S FEDERAL HWY #300</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>PD</b>
NAME	<b>LANDRY, MICHAEL</b>
STREET ADDRESS	<b>700 S FEDERAL HWY #300</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>V</b>
NAME	<b>BROADFOOT, JAMES</b>
STREET ADDRESS	<b>700 S. FEDERAL HWY. STE. 300</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<b>D</b>
NAME	<b>CHRIST, ALEXANDER</b>
STREET ADDRESS	<b>150 BLOOR STREET WEST</b>
CITY - ST - ZIP	<b>TORONTO ONTARIO CAN.</b>
TITLE	<b>P</b>
NAME	<b>FERRIS, WILLIAM C</b>
STREET ADDRESS	<b>7000 SO FEDERAL HWY, STE 300</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>V</b>
NAME	<b>FERRIS, LESLIE</b>
STREET ADDRESS	<b>700 S. FEDERAL HWY. STE. 300</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33432</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>V (omit T)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>33432</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>33432</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>Delete from list.</b>
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>D, S, T, V (omit P)</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>33432</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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; 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.

SIGNATURE: *C. William Ferris* **C. William Ferris** **2/28/95** **407-393-8900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

**MACKENZIE INVESTMENT MANAGEMENT INC.  
ADDITIONAL OFFICERS**

<b>NAME/TITLE</b>	<b>BUSINESS ADDRESS</b>
Johnedis, Daniel Vice President	700 S. Federal Hwy., Ste. 300 Boca Raton, FL 33432
Longa, Barbara Vice President	700 S. Federal Hwy., Ste. 300 Boca Raton, FL 33432

**ADDITIONAL DIRECTORS**

<b>NAME/TITLE</b>	<b>BUSINESS ADDRESS</b>
Hands, Harold P.	150 Bloor Street West Suite 400 Toronto, Ontario Canada M5S 3B5
Lovatt, Neil	150 Bloor Street West Suite 400 Toronto, Ontario Canada M5S 3B5
Hunter, Jim	150 Bloor Street West Suite 400 Toronto, Ontario Canada M5S 3B5