2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# F00000002751

Entity Name: PUTNAM LOVELL NBF GROUP INC.

Current Principal Place of Business:

65 E 55TH ST
34TH FL
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

600 DE LA GAUCHETIERE WEST
27TH FL
H3B 4L2, XX

New Mailing Address:

600 DE LA GAUCHETIERE WEST
27TH FL
MONTREAL, C, QC H3B 4L2 CA

FEI Number: 94-3283346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: WOOD, DAVID W
Address: 1924 MISSISSAUGA RD N
City-St-Zip: MISSISSUGA ON, CN L5H 408

Title: SD ( ) Delete
Name: PATERSON, KENNETH
Address: 500 E 85TH ST., APT 2H
City-St-Zip: NEW YORK, NY 10028

Title: CF ( ) Delete
Name: LEGRIS, ALAIN
Address: 1865 DE LA MAURICE AVE
City-St-Zip: LAVAL QC, CN H7E 5N1

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: WOOD, DAVID W
Address: 1924 MISSISSAUGA ROAD NORTH
City-St-Zip: MISSISSUGA,, ON L5H 4C8 CA

Title: SD (X) Change ( ) Addition
Name: PATERSON, KENNETH A
Address: 500 EAST 85TH STREET, APT 2H
City-St-Zip: NEW YORK, NY 10028 US

Title: CFO (X) Change ( ) Addition
Name: LEGRIS, ALAIN
Address: 1865 DE LA MAURICE AVENUE
City-St-Zip: LAVAL, QC H7E 5N1 CA

Title: ACS ( ) Change (X) Addition
Name: VARIANTZAS, VICKI
Address: 104 HEBERT
City-St-Zip: ST-LAURENT, QC H4N 2K5 CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI VARIANTZAS ACS 04/27/2007

Electronic Signature of Signing Officer or Director — Date