2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002751

Entity Name: PUTNAM LOVELL NBF GROUP INC.

FILED May 01, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
65 E 55TH 34TH FL NEW YORK	ST K, NY 10022				
Current Mailing Address:			New Mailing Address:		
600 DE LA 27TH FL	GAUCHETIER	RE WEST			
MONTREA	L, C, QC H3B	4L2 CA			
FEI Number:	94-3283346	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324				
The above in the State		ubmits this statement for the po	urpose of changing i	its registered office or registered agent, or both	
SIGNATUR	E:				
	Electron	ic Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did not	receive the prior notic	ce.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD () PASCOE, RICAI 208 QUEENS Q TORONTO, ON	UAY WEST	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition PASCOE, RICARDO 208 QUEENS QUAY WEST TORONTO, ON M5J 2Y5 CA	
Title: Name: Address: City-St-Zip:	GRECO, PETER	STREET, 31ST FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () LEGRIS, ALAIN 1865 DE LA MA LAVAL, QC H7E		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ACS () BOULIANNE, MA 4098 AVENUE D MONTREAL, QC	DE MELROSE	Title: Name: Address: City-St-Zip:	ACS (X) Change () Addition FRAPPIER, MÉLANIE 623 RUE DU LANGUEDOC ROSEMÈRE, QC J7A 4V1 CA	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	ACS () Change (X) Addition BRETON, ANNE-MARIE 5029 DE L'HôTEL-DE-VILLE MONTREAL, QC H2T 2B9 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: MÉLANIE FRAPPIER ACS 05/01/2009