2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 AM
Secretary of State

DOCUMENT# P14786

Entity Name: HIGH LINER FOODS (USA) INCORPORATED

Current Principal Place of Business:

1 HIGHLINER AVENUE
P.O. BOX 839
PORTSMOUTH, NH 03801

New Principal Place of Business:

Current Mailing Address:

1 HIGHLINER AVENUE
P.O. BOX 839
PORTSMOUTH, NH 03801

New Mailing Address:

FEI Number: 01-0246085 **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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SEBAN, RICHARD	
Address:	ONE HIGHLINER AVE.	
City-St-Zip:	PORTSMOUTH, NH 03801	
Title:	SD	( ) Delete
Name:	DIETZ, D. F.,	
Address:	43 PORTER RD.	
City-St-Zip:	ANDOVER, MA	
Title:	VP	( ) Delete
Name:	MCGINN, JANE K.	
Address:	ONE HIGLINE AVE.	
City-St-Zip:	PORTSMOUTH, NH	
Title:	AS	( ) Delete
Name:	MILTON, CLAIRE	
Address:	100 BATTERY POINT	
City-St-Zip:	LUNENBURG, NOVA SCOTIA, CA, B0J 2C0	
Title:	D	( ) Delete
Name:	DEMONE, HENRY E	
Address:	100 BATTERY POINT	
City-St-Zip:	LUNENBURG, NOVA SCOTIA, CA, B0J 2C0	
Title:	D	( ) Delete
Name:	NELSON, KELVIN L	
Address:	100 BATTERY POINT	
City-St-Zip:	LUNENBURG, NOVA SCOTIA, CA, B0J 2C0	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MCGINN, JANE K.	
Address:	ONE HIGLINER AVE.	
City-St-Zip:	PORTSMOUTH, NH	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAIRE E. MILTON AS 02/13/2002

Electronic Signature of Signing Officer or Director — Date