2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P14786

Secretary of State

FILED Jan 28, 2003

Entity Name: HIGH LINER FOODS (USA) INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1 HIGHLINER AVENUE P.O. BOX 839 PORTSMOUTH, NH 03801 **New Mailing Address: Current Mailing Address:** 1 HIGHLINER AVENUE P.O. BOX 839 PORTSMOUTH, NH 03801 FEI Number: 01-0246085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SEBAN, RICHARD Name: Name: ONE HIGHLINER AVE. Address: Address: City-St-Zip: PORTSMOUTH, NH 03801 City-St-Zip: SD Title: Title: () Delete () Change () Addition Name: DIETZ, D. F. Name: 43 PORTER RD. Address: Address: ANDOVER, MA City-St-Zip: City-St-Zip: Title: Title: VP. () Delete () Change () Addition MCGINN, JANE K. Name: Name: ONE HIGLINER AVE. Address: Address: City-St-Zip: PORTSMOUTH, NH City-St-Zip: Title: () Delete Title: () Change () Addition MILTON, CLAIRE Name: Name: Address: 100 BATTERY POINT Address: City-St-Zip: LUNENBURG, NOVA SCOTIA, CA, BOJ 2CO City-St-Zip: Title: Title: () Delete () Change () Addition DEMONE, HENRY E Name: Name: 100 BATTERY POINT Address: Address: LUNENBURG, NOVA SCOTIA, CA, B0J 2C0 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition NELSON, KELVIN L Name: Name: 100 BATTERY POINT Address: Address: City-St-Zip: City-St-Zip: LUNENBURG, NOVA SCOTIA, CA. BOJ 2CO

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 MILTON AS 01/28/2003 Date