

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 99 JUL 22 AM 11:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000047756
 1. Corporation Name
INTERTAPE POLYMER MANAGEMENT CORP.

Principal Place of Business 3647 Cortez Road West Suite 102 Bradenton, FL 34210	Mailing Address 3647 Cortez Road West Suite 102 Bradenton, FL 34210
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04/08/99 90008 028 #150.00
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3647 Cortez Road West Suite, Apt. #, etc. 22 Suite 102 City & State 23 Bradenton, FL Zip 24 34210	2a. Mailing Address 26 3647 Cortez Road West Suite, Apt. #, etc. 27 Suite 102 City & State 28 Bradenton, FL Zip 29 34210	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 5/28/98	4. FEI Number 59-3514328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 Hays Street
 Tallahassee, Florida 32301

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 607.1506, 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Melbourne F. Yull 110E Montee de Liesse St. Laurent, Quebec H4T 1N4	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T/D Andrew M. Archibald 110E Montee de Liesse St. Laurent, Quebec H4T 1N4	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Lloyd W. Jones 5401 West Kennedy Boulevard Tampa, FL 33609	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP H. Dale McSween 3647 Cortez Road West Bradenton, FL 34210	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec J. Gregory Humphries 20 North Orange Avenue Orlando, FL 32801	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Asst. Sec. F. Stephanie Worth 2000 S. Beltline Boulevard Columbia, SC 29201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or 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: J. Gregory Humphries Asst. Secretary J. Gregory Humphries, 7/20/99 (407) 423-3200

CR2034 (10/97)

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