

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90162 016 \*\*\*150.00

**DOCUMENT # P98000047756**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address  
**300 South Orange Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 1000, Attn: Greg Humphries**

City & State

City & State  
**Orlando, Florida**

4. FEI Number **59-3514328**

Applied For  
 Not Applicable

Zip

Country

Zip  
**32801**

Country  
**US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | <b>PCEO</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>YULL, MELBOURNE F</b>                  |                                 |
| STREET ADDRESS | <b>110 E MONTEE DE LIESSEE ST LAURENT</b> |                                 |
| CITY-ST-ZIP    | <b>QUEBEC CANADA H4T 1N4</b>              |                                 |
| TITLE          | <b>S</b>                                  | <input type="checkbox"/> Delete |
| NAME           | <b>BURGESS, H. HILDRETH</b>               |                                 |
| STREET ADDRESS | <b>3647 CORTEZ RD WEST, STE 102</b>       |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL 34210</b>                 |                                 |
| TITLE          | <b>VD</b>                                 | <input type="checkbox"/> Delete |
| NAME           | <b>JONES, LLOYD W</b>                     |                                 |
| STREET ADDRESS | <b>5401 WEST KENNEDY BOULEVARD</b>        |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33609</b>                     |                                 |
| TITLE          | <b>V</b>                                  | <input type="checkbox"/> Delete |
| NAME           | <b>MCSWEEN, DALE H</b>                    |                                 |
| STREET ADDRESS | <b>3647 CORTEZ ROAD WEST., SUITE 102</b>  |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL 34210</b>                 |                                 |
| TITLE          | <b>AS</b>                                 | <input type="checkbox"/> Delete |
| NAME           | <b>HUMPHRIES, GREGORY J</b>               |                                 |
| STREET ADDRESS | <b>20 NORTH ORANGE AVENUE</b>             |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32801</b>                   |                                 |
| TITLE          | <b>AS</b>                                 | <input type="checkbox"/> Delete |
| NAME           | <b>WORTH, STEPHANIE F</b>                 |                                 |
| STREET ADDRESS | <b>2000 S. BELTLINE BOULEVARD</b>         |                                 |
| CITY-ST-ZIP    | <b>COLUMBIA SC 29201</b>                  |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie Worth F. STEPHANIE WORTH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 803-376-5532  
Date Daytime Phone #

CR2E034 (10/00)