

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90206 040 \*\*\*150.00

<b>DOCUMENT # F00000002751</b> 1. Entity Name <b>PUTNAM LOVELL NBF GROUP INC.</b>					
Principal Place of Business <b>65 E 55TH ST 34TH FL NEW YORK, NY 10022</b>			Mailing Address <b>600 DE LA GAUCHETIERE ST. W., 4TH FLOOR MONTREAL, QUEBEC, CANADA H3B 4L2, XX</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>600 De La Gauchetiere West 27th Floor Montreal, Quebec H3B 4L2</b> City & State Zip			
Country <b>Canada</b>		Country <b>Canada</b>		4. FEI Number <b>94-3283346</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04202006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PUTNAM, DONALD H</b> <b>212 UNION STREET</b> <b>SAN FRANCISCO, CA 94133</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>WOOD, DAVID W</b> <b>1924 MISSISSAUGA RD N</b> <b>MISSISSAUGA ON, ON L5H 4G8</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mississauga, Ontario, Canada, L5H 4C8</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HABER, LAWRENCE P</b> <b>2 HARLINGTON RD</b> <b>TORONTO, ONTARIO CANADA, m3b 3g4</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PATTERSON, KENNETH</b> <b>500 E 85TH ST., APT 2H</b> <b>NEW YORK, NY 10028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Paterson</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>WOLFE, AVA</b> <b>215 ADAMS ST</b> <b>BROOKLYN, NY 11201</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached Schedule A for complete list of Directors</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CF</b> <b>LEGRIS, ALAIN</b> <b>1865 DE LA MAURICE AVE</b> <b>LAVAL QC, CN h7e 5n1</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached Schedule B for complete list of Officers</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			<b>Evelyn Morin</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>04/24/2006</b>		Daytime Phone # <b>514-394-6421</b>

**Schedule A - Directors List**

Printed :

2006-04-24 08:46:15

**PUTNAM LOVELL NBF GROUP INC.**

**ATTACHMENT**

60034535

#F00000002751

**Paterson, Kenneth A.**

**HOME**

500 East 85th Street, Apt. 2H  
New York, New York, United States  
10028

**Wood, W. David**

**HOME**

1924 Mississauga Road North  
Mississauga, Ontario, Canada  
L5H 4C8

**Schedule B - Officers List****ATTACHMENT**

Printed :

2006-04-24 08:47:38

**PUTNAM LOVELL NBF GROUP INC.**60034535  
#F00000802751**Legris, Alain**

Chief Financial Officer

**HOME**1865, avenue De La Mauricie  
Laval, Quebec, Canada  
H7E 5N1**Morin, Evelyne**

Assistant Corporate Secretary

**HOME**450, Sherbrooke Est, app. 1007  
Montréal, Quebec, Canada  
H2L 1J8**Paterson, Kenneth A.**

Secretary

**HOME**500 East 85th Street, Apt. 2H  
New York, New York, United States  
10028**Wood, W. David**

Chairman of the Board

**HOME**1924 Mississauga Road North  
Mississauga, Ontario, Canada  
L5H 4C8



Corporate Secretary's Office

ATTACHMENT  
60034535

Montreal, April 28, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
2670, Executive Center Circle  
Suite 100  
Tallahassee (Florida) 32301  
United States

Re: Putnam Lovell NBF Group Inc.  
2006 Annual Report  
Document #: F00000002751

Madam / Sir:

Please find enclosed the 2006 Annual Report for the above-captioned corporation together with a cheque of \$150.00 USD representing the filing fees.

Trusting the whole to be satisfactory, I remain,

Best regards,

Evelyne Morin  
Legal Advisor  
(514) 394-6421  
evelyne.morin@bnc.ca

EM/trr

Encl