

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005831

Entity Name: SAMUEL, SON & CO., INC.**Current Principal Place of Business:**462 WEST 84 STREET
HIALEAH, FL 33014**Current Mailing Address:**4334 WALDEN AVENUE
LANCASTER, NY 14086 US**FEI Number:** 22-3258593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PR/D
Name	CHISHOLM, WILLIAM T
Address	2360 DIXIE ROAD
City-State-Zip:	MISSISSAUGA ONTARIO L4Y 1Z7

Title	S/T
Name	ADORANTI, LARRY
Address	2360 DIXIE ROAD
City-State-Zip:	MISSISSAUGA ONTARIO L4Y 1Z7

Title	DIR
Name	SAMUEL, MARK C
Address	2360 DIXIE ROAD
City-State-Zip:	MISSISSAUGA ONTARIO L4Y 1Z7

Title	VP
Name	PULEY, DONALD A
Address	2360 DIXIE ROAD
City-State-Zip:	MISSISSAUGA ONTARIO L4Y 1Z7

Title	ASST
Name	ORLOWSKI, PAULA M
Address	4334 WALDEN AVENUE
City-State-Zip:	LANCASTER NY 14086

Title	DIR
Name	BROMLEY, ALAN E
Address	4334 WALDEN AVENUE
City-State-Zip:	LANCASTER NY 14086

I hereby 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 all other like empowered.

SIGNATURE: PAULA M. ORLOWSKI**ASSISTANT SECRETARY** 04/15/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date