

**2015 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 ORLOWSKI

VP OF FINANCE

02/26/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date