

2017 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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR, CEO
Name CHISHOLM, WILLIAM T
Address 2360 DIXIE ROAD
City-State-Zip: MISSISSAUGA ON L4Y1Z7

Title EXECUTIVE VICE PRESIDENT
Name PULEY, DONALD A
Address 2360 DIXIE ROAD
City-State-Zip: MISSISSAUGA ON L4Y1Z7

Title SECRETARY
Name CHUNG, CECILE
Address 2360 DIXIE ROAD
City-State-Zip: MISSISSAUGA ON L4Y1Z7

Title DIRECTOR, CHAIRMAN
Name SAMUEL, MARK C
Address 2360 DIXIE ROAD
City-State-Zip: MISSISSAUGA ON L4Y1Z7

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

Title VP
Name PANG, GARY C
Address 2348 DARLINGTON TRAIL
City-State-Zip: OAKVILLE ON L6H 7J6

Title VP
Name WATSON, DAVID J
Address 2360 DIXIE ROAD
City-State-Zip: MISSISSAUGA ON L4Y1Z7

Title ASS, ASST. SECRETARY
Name STANLEY, ROBERT G
Address 2360 DIXIE ROAD
City-State-Zip: MISSISSAUGA ON L4Y1Z7

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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: CECILE CHUNG**SECRETARY****04/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name AMODEO, JOHN D
Address 2360 DIXIE ROAD
City-State-Zip: MISSISSAUGA L4Y1Z7

Title DIRECTOR
Name MITSKOVSKI, SUZANNE
Address 4334 WALDEN AVE
City-State-Zip: LANCASTER NY 14086