

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002290

Entity Name: RESOLUTE FP US INC.**Current Principal Place of Business:**5020 HIGHWAY 11 SOUTH
CALHOUN, TN 37309**Current Mailing Address:**5020 HIGHWAY 11 SOUTH
CALHOUN, TN 37309 US**FEI Number:** 62-0721803**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 VICE-PRESIDENT
Name OUELLET, DANIEL
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309

Title VICE-PRESIDENT
Name TOY, DAN
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309

Title DIRECTOR
Name LALONDE, REMI G
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309

Title VICE-PRESIDENT
Name VIBOUX, DANIEL
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309

Title DIRECTOR
Name TREMBLAY, RICHARD
Address 111 DUKE ST.
SUITE 5000
City-State-Zip: MONTR?AL QUEBEC H3C2M1

Title PRESIDENT
Name LALONDE, REMI G
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309

Title DIRECTOR
Name GIRARD, SYLVAIN A.
Address PO BOX 6
City-State-Zip: CALHOUN TN 37309

Title VP
Name GIRARD, SYLVAIN A.
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309

Continues on page 2

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: STEPHANIE LECLAIRE**DIRECTOR****03/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name LAFAVE, JOHN
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309

Title VP, SECRETARY
Name LECLAIRE, STEPHANIE
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309

Title DIRECTOR
Name LECLAIRE, STEPHANIE
Address 5020 HIGHWAY 11 SOUTH
City-State-Zip: CALHOUN TN 37309