

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000608

**Entity Name:** JUBILANT DRAXIMAGE INC.

**Current Principal Place of Business:**

16751 TRANS-CANADA HIGHWAY  
KIRKLAND, QUEBEC H94-4J4

**Current Mailing Address:**

16751 TRANS-CANADA HIGHWAY  
KIRKLAND, QUEBEC H94-4J4 CA

**FEI Number: 30-9003838**

**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            PRESIDENT  
Name            COOMBS, MARTYN  
Address        16751 TRANS-CANADA HIGHWAY  
City-State-Zip: KIRKLAND QUEBEC H94-4J4

Title            CHIEF MEDICAL OFFICER  
Name            LAFRANCE, NORMAN  
Address        16751 TRANS-CANADA HIGHWAY  
City-State-Zip: KIRKLAND QUEBEC H94-4J4

*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: NORMAN LAFRANCE**

**CHIEF MEDICAL OFFICER 04/04/2016**

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

\_\_\_\_\_ Date