

2014 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 V.P. FINANCE
Name DEVNANI, RAHUL
Address 16751 TRANS-CANADA HIGHWAY
City-State-Zip: KIRKLAND QUEBEC H94-4J4

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

Title V.P. MARKETING AND BUSINESS
DEVELOPMENT
Name BROOKS, KEVIN
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 04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date