#### **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003324

Entity Name: DESJARDINS FSB HOLDINGS, INC.

**FILED** Apr 16, 2020 Secretary of State 4412516412CC

# **Current Principal Place of Business:**

1001 EAST HALLANDALE BEACH BOULEVARD

HALLANDALE BEACH, FL 33009

## **Current Mailing Address:**

1, COMPLEXE DESJARDINS SOUTH TOWER 25TH FLOOR MONTREAL, QUEBEC H5B 1B2 CA

FEI Number: 65-0416808 Certificate of Status Desired: Yes

#### Name and Address of Current Registered Agent:

Electronic Signature of 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:

Officer/Director Detail:

Title PRESIDENT & CEO, CHAIRMAN Title OFFICER, ASST. SECRETARY

CORMIER, GUY LACHAINE, ERIC Name Name

Address 1 COMPLEXE DESJARDINS Address 333, BLVD CLAIREVUE EAST

40È ETAGE **CONDO 4303** 

City-State-Zip: SAINT-BRUNO-DE-MONTARVILLE QC MONTREAL QC H5B 1B2 City-State-Zip:

J3V 6R5

Title VC Title **TREASURER** 

Name ROUSSEAU, SERGE Name BÉCHARD, SYLVIE 1376, RUE BEAUMONT Address Address

1170, RUE PEEL, City-State-Zip: THETFORD MINES QC G6G 6W5 **BUREAU 600** 

City-State-Zip: MONTREAL QC H3B 0B1 Title ASST. SECRETARY

Title ASST, TREASURER Name COULOMBE, RENAUD Name TIRADO, WILFREDO

1 COMPLEXE DESJARDINS Address TOUR SUD, 25

1 COMPLEXE DESJARDINS Address City-State-Zip: MONTREAL QC H5B 1B2 **TOUR SUD** 

City-State-Zip: MONTREAL QC H5B 1B3 Title DIRECTOR

Title **DIRECTOR** Name CHEVALIER, CAROLE

Name HAWTHORN, NEIL NORMAN 2730 RUE NOTRE-DAME EST Address

1900, STREET ÉMILE-MARTINEAU Address City-State-Zip: TROIS-RIVIÈRES QC G8V 1Y9

#1402

City-State-Zip: LAVAL QC H7N 0G1

### 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.

04/16/2020 SIGNATURE: ERIC LACHAINE ASST. SECRETARY

Date

## Officer/Director Detail Continued:

Title **DIRECTOR** Title **OFFICER** 

BELLEMARE, RÉAL Name Name GROULX, NADINE 301 ROAD CLUB-MARIN Address

APT 601

City-State-Zip: VERDUN (ILE DES SŒURS) QC H3E 1Z2

**OFFICER** Title

Name MALTAIS, CAMIL

Address 685, RANG SAINT-PIERRE

City-State-Zip: HÉBERTVILLE-STATION QC G0W 1T0

Address 44, CHEMIN DUBOIS

City-State-Zip: STE-EDWIDGE QC JOB 2R0

Title OFFICER, SECRETARY Name TOURANGEAU, MICHEL

Address 5440 RADISSON

City-State-Zip: MONTRÉAL QC H1M 1X6