

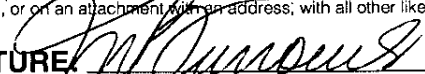


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90052 016 \*\*\*150.00

<b>DOCUMENT # F00000001650</b> 1. Entity Name <b>HERITAGE SALMON, INC.</b>					
Principal Place of Business <b>22 ST. CLAIR AVE. EAST, SUITE 1901 TORONTO, ONTARIO CANADA M4T 2S7,</b>				Mailing Address <b>22 ST. CLAIR AVE. EAST, SUITE 1901 TORONTO, ONTARIO CANADA M4T 2S7,</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>01-0462580</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02102004      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / D <b>WALSH, FRAZER J 669 MAIN ST., BLACKS HARBOUR NEW BRUNSWICK, CANADA,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached list <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>GREEN, STEWART E 2001 22 ST. CLAIR AVE. EAST TORONTO, ONTARIO, CANADA,</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>HIRTLE, KENNETH D 2 KING ST., SAINT JOHN NEW BRUNSWICK, CANADA,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MAVRINAC, RICHARD P 1500 22 ST. CLAIR AVE. EAST TORONTO, ONTARIO, CANADA,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / V <b>LEE, RICHARD M 2805 NORTHLAKE DR RICHMOND, VA 23233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>BALCOM, ROBERT A 1500 22 ST. CLAIR AVE. EAST TORONTO, ONTARIO, CANADA,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 		Marian Burrows, Assistant Secretary (416) 922-2500			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

Attachment

# F00000001650

No. of Directors : 3

Inc: Delaware  
Parent: Weston Foods, Inc.

**HERITAGE SALMON, INC.**

**Directors**

Richard M. Lee, Jr. - 2805 Northlake Drive, Richmond, Virginia, United States, 23233  
Fraser J. Walsh - 669 Main Street, Blacks Harbour, New Brunswick, Canada  
Paul J. Zidow - 669 Main Street, Blacks Harbour, New Brunswick, Canada

**Officers**

President - Fraser J. Walsh 669 Main Street, Blacks Harbour, New Brunswick, Canada  
Chief Financial Officer - Richard P. Mavrinac 1500 - 22 St. Clair Avenue East, Toronto, ON L4J 3A2 Canada  
Senior Vice President - Kenneth D. Hirtle 669 Main Street, Blacks Harbour, New Brunswick, Canada  
Senior Vice President, Finance - Louise M. Lacchin 1500 - 22 St. Clair Avenue East, Toronto, ON L4J 3A2 Canada  
Vice President, Assistant Secretary - Robert A. Balcom 1500 - 22 St. Clair Avenue East, Toronto, ON L4J 3A2 Canada  
~~Vice President, Taxation~~ - ~~J. Bradley Holland~~ - 1500 - 22 St. Clair Avenue East, Toronto, ON L4J 3A2 Canada  
Vice President, Taxation, U.S. - Richard M. Lee, Jr. 2805 Northlake Drive, Richmond, Virginia, United States, 23233  
Vice President, Controller - Rolando Sardellitti 1500 - 22 St. Clair Avenue East, Toronto, ON L4J 3A2 Canada  
Vice President, General Counsel and Secretary - Shelly Seligman 2805 Northlake Drive, Richmond, Virginia, United States, 23233

# Attachment

#F00000001650

Vice President, Treasurer	- Lisa R. Swartzman	1500 – 22 St. Clair Avenue East, Toronto, ON L4J 3A2 Canada
Controller	- David Archambault	669 Main Street, Blacks Harbour, New Brunswick, Canada
Assistant Secretary	- Marian M. Burrows	1500 – 22 St. Clair Avenue East, Toronto, ON L4J 3A2 Canada
Director of Finance	- Gordon Dixon	669 Main Street, Blacks Harbour, New Brunswick, Canada
Director, U.S. Sales	- Paul J. Zidow	2805 Northlake Drive, Richmond, Virginia, United States, 23233

Effective: January 1, 2004  
Issued: March 15, 2004