

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000006664**  
 1. Entity Name  
**TEMBOARD SALES INC.**

<b>Principal Place of Business</b> GEORGE PETTY DRIVE, P.O. BOX 6000 TEMISCAMING, QUEBEC CANADA J0Z 3R0	<b>Mailing Address</b> GEORGE PETTY DRIVE, P.O. BOX 6000 TEMISCAMING, QUEBEC CANADA J0Z 3R0
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<b>2. Principal Place of Business</b> 33, CHEMIN KIPAWA	<b>3. Mailing Address</b> 33, CHEMIN KIPAWA
Suite, Apt. #, etc. P.O. BOX 6000	Suite, Apt. #, etc. P.O. BOX 6000

<b>City &amp; State</b> TEMISCAMING, QUEBEC, CANADA QC	<b>City &amp; State</b> TEMISCAMING, QUEBEC, CANADA QC
Zip J0Z 3R0	Country

<b>4. FEI Number</b> <b>06-1414750</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
  
**PLANTATION** FL  
 33324 US

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
  
 City **FL** 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.

SIGNATURE \_\_\_\_\_ DATE **05/04/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOULARD JEAN-LOUIS CONTROL 33 CHEMIN KIPAWA TEMISCAMING, QUEBEC, CANADA QC J0Z 3R0 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUFDERHAAR DAVID 23141 ROSEDALE DRIVE, #201 BONIT SPRINGS FL 34135 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZANGWILL MEL 800 BLVD. RENE LEVESQUE MONTREAL, QUEBEC, CANADA QC H3B 1X9 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: JEAN-LOUIS SOULARD** D **05/04/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)