

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004057

1. Entity Name

ASSOCIATION CANADO-AMERICAINE, INC.

Principal Place of Business

POST OFFICE BOX 989
MANCHESTER NH 03105-0989

Mailing Address

POST OFFICE BOX 989
MANCHESTER NH 03105-0989

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0105200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROVENCHER, DANIEL L
5014 KENSINGTON CIRCLE
CORAL SPRINGS FL 33076

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DCP
NAME LEMIEUX, EUGENE A CHAIRMAN
STREET ADDRESS 52 CONCORD ST. OF THE BOARD
CITY-ST-ZIP MANCHESTER NH 03101

TITLE Jacques Le Tual, f.l.m.i.
NAME President and CEO ad int.
STREET ADDRESS 555 Canal Street - # 1410
CITY-ST-ZIP Manchester, NH 03105 ☒ Change ☐ Addition

TITLE VPD
NAME LABBE, CHARLES
STREET ADDRESS 3255, RUE HOUDE
CITY-ST-ZIP TROIS RIVIERES, QUEBEC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME PATENAUE, NORMAN J
STREET ADDRESS 52 CONCORD ST.
CITY-ST-ZIP MANCHESTER NH 03101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME PROVOST, ALFRED J TREASURER
STREET ADDRESS 52 CONCORD ST. OF THE BOARD
CITY-ST-ZIP MANCHESTER NH 03101 ☐ Delete

TITLE Maria Silva-Hatch
NAME Chief Financial Officer
STREET ADDRESS Black Chester Road
CITY-ST-ZIP Derry, NH 03038 ☒ Change ☐ Addition

TITLE VPD
NAME BEAUDOIN, SERGE J
STREET ADDRESS 122 RUSTIC OAK DR.
CITY-ST-ZIP SOUTHTON CT ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred J. Provost 02/22/01 603-625-8577

Date

Daytime Phone #

CR2E037 (10/00)