FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002396

1. Corporation Name

NUTRILAWN U.S., Inc.

Principal Place of Business: 341 Broadway, Cambridge, MA 02139

Mailing Address: Same

3. Date Incorporated or Qualified: 5/10/94

3a. Date of Last Report: 5/23/95

4. FEI Number: 04-3225075 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 N/A
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 N/A
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT Corporation Systems
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: N/A

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Director ☐ DELETE
NAME	Richard Nelles
STREET ADDRESS	2319 McGillvray Blvd., Box 128
CITY-ST-ZIP	Winepeg, Manitoba, Canada R3Y 1G5
TITLE	Director ☐ DELETE
NAME	Steven S. Rogers
STREET ADDRESS	5397 Eglinton Avenue West
CITY-ST-ZIP	Etobicoke, Ontario, Canada M9C 5K6
TITLE	Director ☐ DELETE
NAME	David F. Rogers
STREET ADDRESS	239 Armour Blvd
CITY-ST-ZIP	North York, Ontario, Canada M3H 1N1
TITLE	President, Director ☐ DELETE
NAME	D. Derek Riley
STREET ADDRESS	5397 Eglinton Avenue West
CITY-ST-ZIP	Etobicoke, Ontario, Canada M9C 5K6
TITLE	Director ☐ DELETE
NAME	Charles E. Chase
STREET ADDRESS	1140 Valley Forge Road
CITY-ST-ZIP	Valley Forge, PA 19482
TITLE	Secretary and Treasurer ☐ DELETE
NAME	Paul W. Clements
STREET ADDRESS	5397 Eglinton Avenue West
CITY-ST-ZIP	Etobicoke, Ontario, Canada M9C 5K6

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	500001829145	
4.4 CITY-ST-ZIP	-05/20/96--01042--012	
5.1 TITLE	***225.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	2 / 5.15	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Derek Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26/96. Date

416 620-9755. Daytime Phone #