

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F94000002396 (9)**

1. Corporation Name

NUTRILAWN U.S., INC.

Principal Place of Business

**341 BROADWAY
CAMBRIDGE MA 02139**

Mailing Address

**341 BROADWAY
CAMBRIDGE MA 02139-1803**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

05/15/1996

4. FEI Number

04-3225075

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

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	D	<input type="checkbox"/> DELETE
NAME	NELLES, RICHARD	
STREET ADDRESS	2319 MCGILLVRAV BLVD., BOX 128	
CITY-ST-ZIP	WINEPEG, MANITOBA, CANADA R3Y-1G5	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, STEVEN S.	
STREET ADDRESS	5397 EGLINTON AVE. W.	
CITY-ST-ZIP	ETOBICOKE, ONTARIO, CANADA M9C-5K8	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	RILEY, DEREK D.	
STREET ADDRESS	5397 EGLINTON AVE. W.	
CITY-ST-ZIP	ETOBICOKE, ONTARIO, CANADA M9C-5K8	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	CLEMENTS, PAUL W.	
STREET ADDRESS	5397 EGLINTON AVE. W.	
CITY-ST-ZIP	ETOBICOKE, ONTARIO, CANADA M9C-5K8	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, DAVID F.	
STREET ADDRESS	239 ARMOUR BLVD.	
CITY-ST-ZIP	NORTH YORK, ONTARIO, CANADA M3H-1N1	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHASE, CHARLES E.	
STREET ADDRESS	1140 VALLEY FORGE RD.	
CITY-ST-ZIP	VALLEY FORGE PA 19482	

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **000000**

FILED

Apr 02 1997 8:00am
Secretary of State



CR2E034 (9/96)