

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003126 (8)

1. Corporation Name

DISCREET LOGIC - USA, INC.



Principal Place of Business

125 SIDNEY STREET
CAMBRIDGE MA 02139

Mailing Address

5505 ST LAURENT BLVD.
SUITE 5200
MONTREAL CA H2T 1
US

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 90 Cummings Park

Suite, Apt. #, etc.

2a. Mailing Address

26 5505 Boul. St-Laurent

Suite, Apt. #, etc.

27 suite 5200

City & State

23 Woburn MA

Zip

24 01801

Country

25 USA

City & State

28 Montreal Quebec

Zip

29 H2T-1S6

Country

30 CANADA

4. FEI Number

76-0386222

Applied For

Not Applicable

6. 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

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

10. Name and Address of New Registered Agent

81 Name

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

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 VSTD ☒ DELETE

NAME JOHNSON, DOUGLAS R
STREET ADDRESS 125 SIDNEY STREET
CITY-ST-ZIP CAMBRIDGE MA

TITLE D ☐ DELETE

NAME SZALWINSKI, RICHARD J
STREET ADDRESS 5505, BLVD ST. LAURENT, BUREAU 5200
CITY-ST-ZIP MONTREAL QUEBEC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PDC

2.3 STREET ADDRESS SZALWINSKI, RICHARD J.

2.4 CITY-ST-ZIP 5505 Boul. ST-LAURENT, bureau 5200

3.1 TITLE Montreal, Quebec CANADA H2T-1S6

3.2 NAME VTS ☐ Change ☒ Addition

3.3 STREET ADDRESS FRANCOIS PLAMONDON

3.4 CITY-ST-ZIP 5505 Boul. ST-LAURENT, bureau 5200

4.1 TITLE Montreal, Quebec CANADA H2T-1S6

4.2 NAME V ☐ Change ☒ Addition

4.3 STREET ADDRESS Graham Sharp

4.4 CITY-ST-ZIP 5505 Boul. ST-LAURENT, bureau 5200

5.1 TITLE Montreal, Quebec, Canada H2T-1S6

5.2 NAME Terrence Higgins ☐ Change ☒ Addition

5.3 STREET ADDRESS 5505 Boul. ST-LAURENT, bureau 5200

5.4 CITY-ST-ZIP Montreal, Quebec, Canada H2T-1S6

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Rayone Phone #

0629597

CR2E034 (9/96)