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

0001165

FILED
Apr 07, 1999 8:00 am
Secretary of State
04-07-1999 90018 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002712

1. Corporation Name
PANOLAM INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2 PLACE DU COMMERCE NUN'S ISLAND VERDUN, QUEBEC CA H3E -1A1	2 PLACE DU COMMERCE NUN'S ISLAND VERDUN, QUEBEC CA H3E -1A1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/30/1996

2. Principal Place of Business	2a. Mailing Address
21 20 PROGRESS DRIVE	26 20 PROGRESS DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SHELTON, CT	City & State 28 SHELTON, CT
Zip 24 06484 Country 25 USA	Zip 29 06484 Country 30 USA

4. FEI Number: 94-3244858 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONTE, JEAN-PIERRE L		1.2 NAME		
STREET ADDRESS	GENSTAR, 950 TOWER LANE, STE 1170		1.3 STREET ADDRESS		
CITY-ST-ZIP	FOSTER CITY CA 94404		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	MULLER, ROBERT J		2.2 NAME		
STREET ADDRESS	52 CROSSWIUCS RIDGE DR		2.3 STREET ADDRESS	20 PROGRESS DRIVE	
CITY-ST-ZIP	WILTON CT 06897		2.4 CITY-ST-ZIP	SHELTON, CT 06484	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONTE, JEAN PIERRE L		3.2 NAME		
STREET ADDRESS	% GENSTAR, 950 TOWER LANE, SUITE 1170		3.3 STREET ADDRESS		
CITY-ST-ZIP	FOSTER CITY CA 94404		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PATERSON, RICHARD D		4. 2 NAME		
STREET ADDRESS	% GENSTAR, 950 TOWER LANE, SUITE 1170		4.3 STREET ADDRESS		
CITY-ST-ZIP	FOSTER CITY CA 94404		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	BANDEEN, MARK E		5.2 NAME	HOSKINS, RICHARD F.	
STREET ADDRESS	% GENSTAR, 950 TOWER LANE, SUITE 1170		5.3 STREET ADDRESS	C/O GENSTAR, 950 TOWER LANE, SUITE 1170	
CITY-ST-ZIP	FOSTER CITY CA 94404		5.4 CITY-ST-ZIP	FOSTER CITY CA 94404	
TITLE	T S	☑ DELETE	6.1 TITLE	TS	☐ Change ☑ Addition
NAME	GAUTHIER, JACQUES		6.2 NAME	FOSTER, SARA M.	
STREET ADDRESS	2 PLACE DU COMMERCE, NUN'S ISLAND		6.3 STREET ADDRESS	20 PROGRESS DRIVE	
CITY-ST-ZIP	VERDUN, QUEBEC CA H3E -1A1		6.4 CITY-ST-ZIP	SHELTON, CT 06484	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: X Sara Foster SIGNATURE REQUIRED SARA M. FOSTER 3/25/99 (203) 925-1556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #