

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90151 005 ***150.00

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119
IN

DOCUMENT # F99000000761

1. Entity Name

S.M.T. (EASTERN), INC.

Principal Place of Business

**100 MILDARD DRIVE
 DIEPPE, NEW BRUNSWICK E1A 6X4
 CA**

Mailing Address

**300 UNION STREET, P.O. BOX 5777
 SAINT JOHN, NEW BRUNSWICK
 CA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2144243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **DROST, BRUCE A**
 CITY-ST-ZIP **300 UNION STREET, 12TH FL
 SAINT JOHN, NEW BRUNSWICK CA E2L -4M3**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MACLEAN, W. C**
 CITY-ST-ZIP **300 UNION STREET, 12TH FL
 SAINT JOHN, NEW BRUNSWICK CA E2L -4M3**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **JAMIESON, W. D**
 CITY-ST-ZIP **300 UNION STREET, 12TH FL
 SAINT JOHN, NEW BRUNSWICK CA E2L -4M3**

TITLE ☐ Delete
 NAME **CCEO**
 STREET ADDRESS **IRVING, J. K**
 CITY-ST-ZIP **300 UNION STREET, 12TH FL
 SAINT JOHN, NEW BRUNSWICK CA E2L -4M3**

TITLE ☐ Delete
 NAME **VC**
 STREET ADDRESS **IRVING, A. L**
 CITY-ST-ZIP **10 SYDNEY STREET
 SAINT JOHN, NEW BRUNSWICK**

TITLE ☐ Delete
 NAME **VC**
 STREET ADDRESS **IRVING, J. E**
 CITY-ST-ZIP **10 SYDNEY STREET
 SAINT JOHN, NEW BRUNSWICK**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **R.K. Irving**
 CITY-ST-ZIP **100 Midland Drive
 Dieppe, New Brunswick E1A 6X4**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Bruce A. Drost

Date

Daytime Phone #

February 22, 2002 506 632-5710

CR2E034 (9/01)