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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90044 027 \*\*\*150.00

DOCUMENT # P21982

1. Corporation Name

RODIER CORP.

Principal Place of Business

ONE RIVERSIDE SQUARE  
SPACE 126, LEVEL 1E  
HACKENSACK N. 07601  
US

Mailing Address

PROMAFIL CANADA LTD  
300 MARCEL LAURIN #100  
ST LAURENT, QUEBEC CANADA H4M 2L4

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1988

4. FEI Number

06-1045162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 6969 TRANSCANADA

28 City & State

ST-LAURENT Quebec

29 Zip

H4T 1V8

30 Country

CANADA

9. Name and Address of Current Registered Agent

C.T.CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
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 P ☐ DELETE

NAME FRANCOIS, ALAIN  
STREET ADDRESS 300 MARCEL LAURIN, SUITE 100  
CITY-ST-ZIP ST LAURENT QU H4N 2

TITLE S ☐ DELETE

NAME RASTOUL, JEAN  
STREET ADDRESS 300 MARCEL LAURIN, SUITE 100  
CITY-ST-ZIP ST LAURENT QU H4N 2

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

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 6969 TRANSCANADA OFF 127  
14 CITY-ST-ZIP ST-LAURENT, QUEBEC H4T 1V8

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 6969 TRANSCANADA OFF 127  
24 CITY-ST-ZIP ST-LAURENT, QUEBEC H4T 1V8

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. FRANCOIS

3/16/99

Date

514 331 5085

Daytime Phone #

CR2E034 (1/98)