

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22346

1. Entity Name

ABITIBI CONSOLIDATED SALES CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90430 006 ***150.00

Principal Place of Business 4 GANNETT DRIVE WHITEPLAINS NY 10604 US	Mailing Address C/O ABITIBI CONSOLIDATED INC 1155 METCALFE ST #800 MONTREAL QB H3 CA
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address c/o Abitibi Consolidated Inc. 1155 Metcalfe Street #800
City & State	City & State Montreal Quebec
Zip H3B 5H2	Country CANADA



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1837144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEELER, COLIN 4 GANNETT DR WHITE PLAINS NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VACHON, J. P. 1155 METCALFE STREET, SUITE 800 MONTREAL, QUEBEC CANADA H3B-5H2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VACHON J.P. 1155 Metcalfe Street Suite 800 Montreal Quebec Canada H3B 5H2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERKINS, DANIEL R 1155 METCALFE STREET, SUITE 800 MONTREAL, QUEBEC CANADA H3B-5H2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Perkins Daniel, R 1155 Metcalfe Street Suite 800 Montreal Quebec Canada H3B 5H2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OBERLANDER, R. Y. 1155 METCALFE STREET, SUITE 800 MONTREAL, QUEBEC CANADA H3B-5H2 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John W. Weaver 1155 Metcalfe Street Suite 800 Montreal Quebec Canada H3B 5H2 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGHAN, JAMES 1155 METCALFE STREET, SUITE 800 MONTREAL, QUEBEC CANADA H3B-5H2 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Allen Des 1155 Metcalfe Street Suite 800 Montreal Quebec Canada H3B 5H2 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUDGEON, MICHAEL A 222 S RIVERSIDE PLAZA STE 800 CHICAGO IL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V David A. Schirmer 4 Gannett Drive White Plains, NY 10604-3408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Jacques P. Vachon (514) 875-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)