

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90291 042 \*\*\*150.00

**DOCUMENT # P22346**

1. Entity Name

**ABITIBI CONSOLIDATED SALES CORPORATION**

Principal Place of Business

**4 GANNETT DRIVE  
 WHITEPLAINS NY 10604  
 US**

Mailing Address

**C/O ABITIBI CONSOLIDATED INC  
 1155 METCALFE ST #800  
 MONTREAL QB H3B5H2  
 CA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-1837144**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete  
 NAME **KEELER, COLIN**  
 STREET ADDRESS **4 GANNETT DR**  
 CITY-ST-ZIP **WHITE PLAINS NY 10604-3408**

TITLE **V** ☐ Change ☒ Addition  
 NAME **ZGOL, Richard**  
 STREET ADDRESS **277, Spur North**  
 CITY-ST-ZIP **Snowflake (AZ) 85937**

TITLE **SD** ☐ Delete  
 NAME **VACHON, J. P.**  
 STREET ADDRESS **1155 METCALFE STREET, SUITE 800**  
 CITY-ST-ZIP **MONTREAL, QUEBEC CANADA H3B-5H2**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **BLAINE, Breen**  
 STREET ADDRESS **4, Gannett Drive**  
 CITY-ST-ZIP **White Plains (NY) 10604-3408**

TITLE **TD** ☒ Delete  
 NAME **PERKINS, DANIEL R**  
 STREET ADDRESS **1155 MATCALFE STREET, SUITE 800**  
 CITY-ST-ZIP **MONTREAL, QUEBEC CANADA H3B-5H2**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **ROUGEAU, Pierre**  
 STREET ADDRESS **1155, Metcalfe Street, Suite 800**  
 CITY-ST-ZIP **Montreal (QC) Canada H3B 5H2**

TITLE **PD** ☒ Delete  
 NAME **WEAVER, JOHN W**  
 STREET ADDRESS **1155 METCLAFE STREET, SUITE 800**  
 CITY-ST-ZIP **MONTREAL, QUEBEC CANADA H3B-5H2**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **RANGER, Luc**  
 STREET ADDRESS **4, Gannett Drive**  
 CITY-ST-ZIP **White Plains (NY) 10604-3408**

TITLE **V** ☐ Delete  
 NAME **DEA, ALLEN**  
 STREET ADDRESS **1155 METCALFE STREET, SUITE 800**  
 CITY-ST-ZIP **MONTREAL, QUEBEC CANADA H3B-5H2**

TITLE **V** ☐ Change ☒ Addition  
 NAME **LONGVAL, Sylvain-Yves**  
 STREET ADDRESS **18511, Old Beaumont Highway**  
 CITY-ST-ZIP **Sheldon (TX) 77044**

TITLE **V** ☐ Delete  
 NAME **SCHIRMER, DAVID A**  
 STREET ADDRESS **4 GANNETT DRIVE**  
 CITY-ST-ZIP **WEST HARRISON NY 10604**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **SCHIRMER, David A.**  
 STREET ADDRESS **4, Gannett Drive**  
 CITY-ST-ZIP **White Plains (NY) 10604-3408**

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 recorder 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 an otherlike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jacques P. Vachon**

**March 21, 2002 (514) 394-2296**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
# P22346  
770210

STATE OF FLORIDA  
2002 UNIFORM BUSINESS REPORT (UBR)

ABITIBI CONSOLIDATED SALES COPORATION

DOCUMENT # P22346  
SCHEDULE "A"

12. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11 (continued)

☐ Change ☒ Addition

|                 |                                       |
|-----------------|---------------------------------------|
| TITLE:          | V                                     |
| NAME:           | MELKERSON, Jon                        |
| STREET ADDRESS: | 222, South Riverside Plaza, Suite 800 |
| CITY-ST-ZIP:    | Chicago (IL) 60606                    |

☐ Change ☒ Addition

|                 |                                    |
|-----------------|------------------------------------|
| TITLE:          | V                                  |
| NAME:           | WHARTON, Darryl                    |
| STREET ADDRESS: | 1145, Sanctuary Parkway, Suite 160 |
| CITY-ST-ZIP:    | Alpharetta (GA) 30004-4763         |