2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90117 048 ***150.00

DOCUMENT # P22346

1. Entity Name
ABITIBI CONSOLIDATED SALES CORPORATION

240450UD

03162004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4 GANNETT DRIVE WHITEPLANS, NY 10604 US	C/O ABITIBI CONSOLIDATED INC 1155 METCALFE ST #800 MONTREAL, QB h3-b5h2 CA

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-1837144 ☐ Applied For ☐ Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ZGOL, RICHARD 277 SPUR NORTH SNOWFLAKE, AZ 85937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D RANGER, Luc 4, Gannett Drive White Plains (NY) 10604	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VACHON, J. P. 1155 METCALFE STREET, SUITE 800 MONTREAL, QUEBEC CANADA, H3B5H2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LONGVAL, Sylvain-Yves 18511, Old Beaumont Highway Sheldon (TX) 77044	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLAINE, BREEN 4 GANNET DR. WHITE PLAINS, NY 106043408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MELKERSON, Jon 611, North Washington Street Hindsdale (IL) 60521	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROUGEAU, PIERRE 1155 METCLAFE STREET, SUITE 800 MONTREAL, QUEBEC CANADA, H3B5H2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WHARTON, Darryl 3950, Delmar Drive Cummings (GA) 30041	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEA, ALLEN 1155 METCALFE STREET, SUITE 800 MONTREAL, QUEBEC CANADA, H3B5H2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHIRMER, DAVID A 4 GANNET DR. WHITE PLAINS, NY 106043408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jacques P. Vachon March 16th 2004 (514) 394-2296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #