

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90130 029 ***150.00

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NJ

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **ZGOL, RICHARD**
STREET ADDRESS **277 SPUR NORTH**
CITY-ST-ZIP **SNOWFLAKE AZ 85937**

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

TITLE **SD** ☐ Delete
NAME **VACHON, J. P.**
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 **VD** ☐ Delete
NAME **BLAINE, BREEN**
STREET ADDRESS **4 GANNET DR.**
CITY-ST-ZIP **WHITE PLAINS NY 10604-3408**

TITLE **V** ☐ Change ☒ Addition
NAME **MELKERSON, John**
STREET ADDRESS **222, South Riverside Plaza, Suite 800**
CITY-ST-ZIP **Chicago (IL) 60606**

TITLE **TD** ☐ Delete
NAME **ROUGEAU, PIERRE**
STREET ADDRESS **1155 METCALFE STREET, SUITE 800**
CITY-ST-ZIP **MONTREAL, QUEBEC CANADA H3B-5H2**

TITLE **V** ☐ Change ☒ Addition
NAME **WHARTON, Darryl**
STREET ADDRESS **1145, Sanctuary Parkway**
CITY-ST-ZIP **Alpharetta (GA) 30004-4763**

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

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

TITLE **PD** ☐ Delete
NAME **SCHIRMER, DAVID A**
STREET ADDRESS **4 GANNET DR.**
CITY-ST-ZIP **WHITE PLAINS NY 10604-3408**

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

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 an authorized agent empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacques P. VACHON

April 10, 2003 (514) 394-2296

Date

Daytime Phone #

CR2E034 (10/02)