

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25772 (5)

1. Corporation Name
MARSULEX, INC.



Principal Place of Business 111 GORDON BAKER RD STE 300 NORTH YORK, ONTARIO, CANADA M2H 3R1 OC	Mailing Address 111 GORDON BAKER RD STE 300 NORTH YORK, ONTARIO, CANADA M2H OC
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
	29
	30

3. Date Incorporated or Qualified 08/28/1989	3a. Date of Last Report 04/25/1996
4. FEI Number 06-1270036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST, STE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAIGIE, ROSS K.	
STREET ADDRESS	157 MANSFIELD AVE.	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYCK, ROBERT	
STREET ADDRESS	28 PARK LANE CIRCLE	
CITY-ST-ZIP	RICHMOND HILL, ONT., CANADA L4C 6S8	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOOKBINDER, DAVID	
STREET ADDRESS	701 KING ST. W., APT #906	
CITY-ST-ZIP	TORONTO, ONT., CANADA M5V 2W7	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GEE, DAVID M	
STREET ADDRESS	70 BLAIR ROAD	
CITY-ST-ZIP	CAMBRIDGE, ONT., CANADA N1S 2J1	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TUGMAN, LAURIE A.	
STREET ADDRESS	1410 MARSHWOOD PL	
CITY-ST-ZIP	MISSISSAUGA ON	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ROBERT A	
STREET ADDRESS	62 WIMBLETON ROAD	
CITY-ST-ZIP	TORONTO, ONT., CANADA M9A 3S1	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	650 BRUSH GROVE
4.4 CITY-ST-ZIP	AURORA, ONT., CANADA L4G 3G8
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Handwritten Signature]*

CR2E034 (9/96)