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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90015 025 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25772

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 3R1 OC
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1989

4. FEI Number

06-1270036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAIGIE, ROSS K.	
STREET ADDRESS	157 MANSFIELD AVE.	
CITY-ST-ZIP	DARIEN CT 06820	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOHE, ROBERT L	
STREET ADDRESS	4430 PLUMAGE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOOKBINDER, DAVID	
STREET ADDRESS	701 KING ST. W., APT #906	
CITY-ST-ZIP	TORONTO, ONT., CANADA	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	GEE, DAVID M	
STREET ADDRESS	650 BRUSH GROVE	
CITY-ST-ZIP	AURORA ON	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	TUGMAN, LAURIE A.	
STREET ADDRESS	1410 MARSHWOOD PL	
CITY-ST-ZIP	MISSISSAUGA ON	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOOD, DONALD	
STREET ADDRESS	703 - 35 EMPRESS AVENUE	
CITY-ST-ZIP	TORONTO, ONT., CANADA M2N-6T3	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26/99  
Date

416-496-4157  
Daytime Phone #

CR2E034 (1/98)