

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90091 006 ***150.00

DOCUMENT # P25772

1. Entity Name

MARSULEX, INC.

Principal Place of Business

Mailing Address

111 GORDON BAKER RD
STE 300
NORTH YORK, ONTARIO, CANADA M2H 3R1
OC

111 GORDON BAKER RD
STE 300
NORTH YORK, ONTARIO, CANADA M2H
OC

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

06-1270036

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

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

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, 2000 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 **D** ☐ Delete
NAME **CRAIGIE, ROSS K.**
STREET ADDRESS **157 MANSFIELD AVE.**
CITY-ST-ZIP **DARIEN CT 06820**

TITLE **D** ☒ Change ☐ Addition
NAME **Craigie, Ross K.**
STREET ADDRESS **Sunset Pond Apartments.**
CITY-ST-ZIP **30411-1401 Woodstock Way Bellingham, WA 98226** ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **YOHE, ROBERT L**
STREET ADDRESS **4430 PLUMAGE COURT**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Change ☐ Addition
NAME **Bookbinder, David**
STREET ADDRESS **66 South Lodge Cirws Rd.**
CITY-ST-ZIP **St. Johns Wood, London, England NW89EU**

TITLE **D** ☐ Delete
NAME **BOOKBINDER, DAVID**
STREET ADDRESS **701 KING ST. W., APT #906**
CITY-ST-ZIP **TORONTO, ONT., CANADA**

TITLE **P** ☒ Change ☐ Addition
NAME **Gee, David M.**
STREET ADDRESS **111 Gordon Baker Rd., Suite 300**
CITY-ST-ZIP **North York, ON M2H 3R1 Canada.**

TITLE **P** ☐ Delete
NAME **GEE, DAVID M**
STREET ADDRESS **650 BRUSH GROVE**
CITY-ST-ZIP **AURORA ON**

TITLE **VP** ☒ Change ☐ Addition
NAME **Tugman, Laurie A.**
STREET ADDRESS **111 Gordon Baker Rd., Suite 300**
CITY-ST-ZIP **North York, ON M2H 3R1 Canada.**

TITLE **VP** ☐ Delete
NAME **TUGMAN, LAURIE A.**
STREET ADDRESS **1410 MARSHWOOD PL**
CITY-ST-ZIP **MISSISSAUGA ON**

TITLE **VP** ☐ Change ☒ Addition
NAME **Pimento, Greg**
STREET ADDRESS **111 Gordon Baker Rd, Suite 300**
CITY-ST-ZIP **North York, ON M2H 3R1 Canada.**

TITLE **VP** ☒ Delete
NAME **WOOD, DONALD**
STREET ADDRESS **703 - 35 EMPRESS AVENUE**
CITY-ST-ZIP **TORONTO, ONT., CANADA M2N-6T3**

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 receiver 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 126, 2000

Date

416-496-4095

Daytime Phone #

CR2E034 (9/99)