

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90062 008 \*\*\*150.00

**DOCUMENT # P25772**

1. Entity Name  
**MARSULEX, INC.**

Principal Place of Business

**111 GORDON BAKER RD  
STE 300  
NORTH YORK ON M2H -3R1  
OC**

Mailing Address

**111 GORDON BAKER RD  
STE 300  
NORTH YORK ON M2H -3R1  
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

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, 2001 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 **30411-1401 WOODSTOCK WAY**  
CITY-ST-ZIP **BELLINGHAM WA 98226**

TITLE **D** ☐ Change ☒ Addition  
NAME **Roelence Barrett**  
STREET ADDRESS **110 Cheltenham Avenue**  
CITY-ST-ZIP **Toronto, Ont M5N 1P9**

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

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

TITLE **D** ☐ Delete  
NAME **BOOKBINDER, DAVID**  
STREET ADDRESS **66 S LODGE CIRCUS RD**  
CITY-ST-ZIP **ST JOHNS WOOD LN NW-89EL**

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

TITLE **P** ☐ Delete  
NAME **GEE, DAVID M**  
STREET ADDRESS **111 GORDON BAKER RD STE-300**  
CITY-ST-ZIP **N YORK, ON M2H- 3R1**

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

TITLE **VP** ☐ Delete  
NAME **TUGMAN, LAURIE A.**  
STREET ADDRESS **111 GORDON BAKER RD STE-300**  
CITY-ST-ZIP **N YORK ON M2H- 3R1**

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

TITLE **VP** ☐ Delete  
NAME **PIMENTO, GREG**  
STREET ADDRESS **111 GORDON BAKER RD STE-300**  
CITY-ST-ZIP **NORTH YORK ON M2H- 3R1**

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

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

Date

Daytime Phone #

CR2E034 (10/00)

(416) 496 4095