FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26139** **(6)**

1. Corporation Name

DOMTAR GYPSUM INC.

Principal Place of Business	Mailing Address
24 FRANK LLOYD WRIGHT DR. **ANN ARBOUR MI 48105**	**395 DE MAISONNEUVE BLVD.** **% DOMTAR INC.** **MONTREAL QUEBEC CN.H3A1L6**

3. Date Incorporated or Qualified: **09/19/1989**	3a. Date of Last Report: **06/13/1995**
4. FEI Number: **75-2138169**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMS, KENNETH		1.2 NAME		
STREET ADDRESS	24 FRANK LLOYD WRIGHT DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOUR MI		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	PRESIDENT & DIRECTOR	☐ Change ☒ Addition
NAME	FITZGIBBON, PIERRE		2.2 NAME		
STREET ADDRESS	395 DE MAISONNEUVE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QUEBEC		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILLES, PHARAND		3.2 NAME		
STREET ADDRESS	395 DE MAISONNEUVE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QUEBEC		3.4 CITY-ST-ZIP		
TITLE	CEOD	☒ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SOLARI, LARRY T		4.2 NAME	DELETE	
STREET ADDRESS	24 FRANK LLOYD WRIGHT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI		4.4 CITY-ST-ZIP		
TITLE	VPF	☒ DELETE	5.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	GOODYEAR, NORMAN		5.2 NAME	Denys Lamarre	
STREET ADDRESS	24 FRANK LLOYD WRIGHT DR.		5.3 STREET ADDRESS	395 de Maisonneuve Blvd.	
CITY-ST-ZIP	ANN ARBOUR MI		5.4 CITY-ST-ZIP	Montreal, Quebec, CANADA, H3A 1L6	
TITLE	VPS	☐ DELETE	6.1 TITLE	SECRETARY & DIRECTOR	☒ Change ☐ Addition
NAME	KATSUYAMA, Y GLEN		6.2 NAME		
STREET ADDRESS	395 DE MAISONNEUVE BLVD WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Y. Glen Katsuyama March 4, 1996 (514) 848-6732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #