

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

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P98000047756  
1. Corporation Name

INTERTAPE POLYMER MANAGEMENT CORP.

|  |  |
|--|--|
| Principal Place of Business<br>3647 Cortez Road West<br>Suite 102<br>Bradenton, FL 34210 | Mailing Address<br>3647 Cortez Road West<br>Suite 102<br>Bradenton, FL 34210 |
|--|--|

FILED  
99 JUL 22 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/08/99 90008028 #150.00  
DO NOT WRITE IN THIS SPACE

|  |   |  |
|--|---|--|
| 2. Principal Place of Business<br>21 3647 Cortez Road West<br>Suite, Apt. #, etc.<br>22 Suite 102<br>City & State<br>23 Bradenton, FL<br>Zip<br>24 34210 | 2a. Mailing Address<br>25 3647 Cortez Road West<br>Suite, Apt. #, etc.<br>27 Suite 102<br>City & State<br>28 Bradenton, FL<br>Zip<br>29 34210 | 4. FEI Number<br>59-3514328<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, Florida 32301

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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                      | P/CEO/D <input type="checkbox"/> DELETE    | 11 TITLE  | Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | Melbourne F. Yull                          | 12 NAME   | F. Stephanie Worth  |
| STREET ADDRESS             | 110E Montee de Liesse                      | 13 STREET ADDRESS                                     | 2000 S. Beltline Boulevard  |
| CITY-ST-ZIP                | St. Laurent, Quebec H4T 1N4                | 14 CITY-ST-ZIP  | Columbia, SC 29201  |
| TITLE                      | VP/S/T/D <input type="checkbox"/> DELETE   | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | Andrew M. Archibald                        | 22 NAME   |   |
| STREET ADDRESS             | 110E Montee de Liesse                      | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | St. Laurent, Quebec H4T 1N4                | 24 CITY-ST-ZIP  |   |
| TITLE                      | VP/D <input type="checkbox"/> DELETE       | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | Lloyd W. Jones                             | 32 NAME   |   |
| STREET ADDRESS             | 5401 West Kennedy Boulevard                | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | Tampa, FL 33609                            | 34 CITY-ST-ZIP  |   |
| TITLE                      | VP <input type="checkbox"/> DELETE         | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | H. Dale McSween                            | 42 NAME   |   |
| STREET ADDRESS             | 3647 Cortez Road West                      | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | Bradenton, FL 34210                        | 44 CITY-ST-ZIP  |   |
| TITLE                      | Asst. Sec. <input type="checkbox"/> DELETE | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | J. Gregory Humphries                       | 52 NAME   |   |
| STREET ADDRESS             | 20 North Orange Avenue                     | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | Orlando, FL 32801                          | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |  | 62 NAME   |   |
| STREET ADDRESS             |  | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |  | 64 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.

SIGNATURE: J. Gregory Humphries Asst. Secretary J. Gregory Humphries, 7/20/99 (407) 423-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)