

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003699

**Entity Name:** CASCADES HOLDING US INC.

**Current Principal Place of Business:**

4001 PACKARD RD  
NIAGARA FALLS, NY 14303

**Current Mailing Address:**

4001 PACKARD RD  
NIAGARA FALLS, NY 14303 US

**FEI Number: 01-0518538**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, AT  
Name HOGG, ALLAN  
Address 404 MARIE VICTORIA BLVD  
City-State-Zip: KINGSEY FALLS, QUEBEC, CANAD  
JOA1B-0

Title VP  
Name SOMANTI, MARK  
Address 1200 FOREST ST  
City-State-Zip: EAU CLAIRE WI 54703

Title ST  
Name PIERRO, DAVID L  
Address 148 HUDSON RIVER RD  
City-State-Zip: WATERFORD NY 12188

Title D  
Name DECKER, ROBERT  
Address 1200 FOREST ST  
City-State-Zip: EAU CLAIRE WI 54703

Title VP-SALES  
Name JONES, ROBERT MARK  
Address 148 HUDSON RIVER RD  
City-State-Zip: WATERFORD NY 12188

Title D, PRESIDENT  
Name EAKER, STACY  
Address 4001 PACKARD RD  
City-State-Zip: NIAGARA FALLS NY 14303

Title ASST. SECRETARY, DIRECTOR  
Name GUERRA, MICHAEL  
Address 772 SHERBROOKE WEST  
City-State-Zip: MONTRÉAL QUÉBEC H3A 1G1

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL GUERRA**

**ASSISTANT SECRETARY 01/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date