## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # F9600002712 (5)

PANOLAM INDUSTRIES, INC.

Principal Place of Business

**% GENSTAR CAPITAL PARTNERS** 

Mailing Address

% GENSTAR CAPITAL PARTNERS

## **FILED** Sep 08 1997 8:00am Secretary of State



950 TOWER LAI FOSTER CITY O		950 TOWER LANE, STE, 1170 FOSTER CITY CA 94404		DO NOT WRITE	IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified 05/30/1996</li> </ol>	3a. Date of Last	t Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Z Plac	e du Commerce	26 2 Place du Co	merc	e	94-3244858		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					Certificate of Status Desired		Additional
22 Nuns' Island 27 Nuns' Island					- Soliting of Clares Desired	Fee	Required
City & State  City & State  28 Verdun, Quebec  28 Verdun, Quebec				6. Election Campaign Financing \$5.00 May Be			O May Be
							d to Fees
Zip	Country	Zip Country			8. This corporation owes or has paid the current year Intangible		
24 H3E 1A	Al   25   Canada   29   H3F   Ja   30   Canada   9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
CT		Hadisteleo Adeut	81	Name		gistered Agent	
	CORPORATION SYSTEM		01	Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable)				
ruvi	11A199N FC 33324		83				
	•		65				
	•		84	City		<b>FI</b> 85 Zi	p Code
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida. Such change was aut	the above	e-named the cor	corporation submits this statement for the population's board of directors. I hereby accept		j its registered as registered
SIGNATURE	m lammar with, and accopt the congac	ons or, occion oo7.0005, Floric	ia Otalute	5,			
	Signature, typed or printed name of registered agent		egistered Ag	nt signatur	e required when reinstaling)	DATE	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	POC	X DELETE	1.1 TITLE		С	Change	Addition
NAME	MACDONALD, WILLIAM J	di ilmin a suc	1.2 NAME		MacDonald, William J.		
STREET ADDRESS % GENSTAR, 950 TOWER LANE, SUITE 1170			1.3 STREET	ADDRESS	Genstar, 950 Tower Lane, Suite 1170		
CITY-ST-ZIP	FOSTER CITY CA 94404		1.4 CITY - S	T-ZIP	Foster City, CA 94404		į
TITLE	VISD	DELETE	2.1 TITLE		PD	☐ Change	Addition
NAME	BOVERMAN, DANIEL J		2.2 NAME		Arcand, Claude P.		
STREET ADDRESS	% GENSTAR, 950 TOWER LANE	SUITE 1170	2.3 STREET	ADDRESS	2 Place di Commerce, Nu	ıns' İsland	ı
CITY-ST-ZIP	FOSTER CITY CA 94404		2. 4 CITY-	ST-ZIP	Verdun, Oc , Canada H3		•
TITLE	VD	DELETE	3.1 TITLE		TS	Change	Addition
NAME	CONTE, JEAN PIERRE L		3.2 NAME		Gauthier, Jacques		
STREET ADDRESS	% GENSTAR, 950 TOWER LANE,	SUITE 1170	3.3 STREET	ADDRESS	2 Place du Commerce, Nu	nel Teland	ı İ
CITY-ST-ZIP	FOSTER CITY CA 94404		3.4. CITY-1	ST-ZIP	Verdun, Oc. Canada H3E		<b>'</b>
TITLE	VD	DELETE	4.1 TITLE		Verdun, Go, Canada Hab	☐ Change	Addition
NAME	PATERSON, RICHARD D		4.2 NAME				
STREET ADDRESS	% GENSTAR, 950 TOWER LANE,	SUITE 1170	4 3 STREET	ADDRESS			
CITY-ST-ZIP	FOSTER CITY CA 94404		4.4 C/TY - S	T-ZIP		•	1
TITLE	D	☐ DELETE	51 TITLE			☐ Change	Addition
NAME	BANDEEN, MARK E		5.2 NAME			•	' sh !
STREET ADDRESS	% GENSTAR, 950 TOWER LANE,	SUITE 1170	5.3 STREET	ADDRESS			C/4
CITY-ST-ZIP	FOSTER CITY CA 94404		5.4 CITY - S				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		60000228: -09/09/970104	8356	
STREET ADDRESS			6.3 STREET	ADORESS		5023	
AITH AT TIE			5.5 VIIIELI		***550 <b>.</b> 00		

I am an officer or director of the corporat appears in Block 12 or Block 12 if chang

14. I do 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 reporting 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 of the receiver or trustee on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name