

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

FILED

Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002712 (5)

1. Corporation Name
PANOLAM INDUSTRIES, INC.

Principal Place of Business 2 PLACE DU COMMERCE NUN'S ISLAND VERDUN, QUEBEC CA H3E -1A1	Mailing Address 2 PLACE DU COMMERCE NUN'S ISLAND VERDUN, QUEBEC CA H3E -1A1
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/30/1996	
4. FEI Number 94-3244858		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 85 Zip Code FL			
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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

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	C	MACDONALD, WILLIAM J	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	CONTE, JEAN-PIERRE L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		GENSTAR, 950 TOWER LANE, SUITE 1170		1.2 NAME		GENSTAR, 950 TOWER LANE, Suite 1170	
STREET ADDRESS		FOSTER CITY CA 94404		1.3 STREET ADDRESS		FOSTER CITY, CA 94404	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	PD	ARCAND, CLAUDE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	MULLER, ROBERT JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2 PLACE DU COMMERCE, NUN'S ISLAND		2.2 NAME		52 CROSSWINGS RIDGE DR	
STREET ADDRESS		VERDUN, QUEBEC CA H3E -1A1		2.3 STREET ADDRESS		WILTON, CT, 06897	
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	VD	CONTE, JEAN PIERRE L	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		% GENSTAR, 950 TOWER LANE, SUITE 1170		3.2 NAME			
STREET ADDRESS		FOSTER CITY CA 94404		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	VD	PATERSON, RICHARD D	<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		% GENSTAR, 950 TOWER LANE, SUITE 1170		4.2 NAME			
STREET ADDRESS		FOSTER CITY CA 94404		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	D	BANDEEN, MARK E	<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		% GENSTAR, 950 TOWER LANE, SUITE 1170		5.2 NAME			
STREET ADDRESS		FOSTER CITY CA 94404		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	TS	GAUTHIER, JACQUES	<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 PLACE DU COMMERCE, NUN'S ISLAND		6.2 NAME			
STREET ADDRESS		VERDUN, QUEBEC CA H3E -1A1		6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 in an attachment with an address.

SIGNATURE:

GAUTHIER JACQUES

19/04/98 (514) 761-1154

CR2E034 (10/97)