2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # F01000001190

1. Entity Name
ALDO U.S. INC.

Principal Place of Business	Mailing Address
2300 EMILE-BELANGER ST.LAURENT, QUEBEC, CANADA H4B 3J4, XX	2300 EMILE-BELANGER ST.LAURENT, QUEBEC, CANADA H4B 3J4, XX

DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1736704
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BENSADOUN, ALBERT
STREET ADDRESS	2300 EMILE-BELANGER
CITY-ST-ZIP	ST-LAURENT, QUEBEC H4B 3J4,
TITLE	VTAS
NAME	RAVEN, ROBERT
STREET ADDRESS	2300 EMILE-BELANGER
CITY-ST-ZIP	ST-LAURENT, QUEBEC H4B 3J4,
TITLE	PCOO
NAME	DIONNE, REJEAN
STREET ADDRESS	2300 EMILE-BELANGER
CITY-ST-ZIP	ST-LAURENT, QUEBEC H4B 3J4,
TITLE	V
NAME	BIBEAU, DIANNE
STREET ADDRESS	2300 EMILE-BELANGER
CITY-ST-ZIP	ST-LAURENT, QUEBEC H4B 3J4,
TITLE	V
NAME	JASKOLKA, NORMAN
STREET ADDRESS	2300 EMILE-BELANGER
CITY-ST-ZIP	ST-LAURENT, QUEBEC H4B 3J4,
TITLE	V
NAME	NEMEROFF, JOANNE
STREET ADDRESS	2300 EMILE-BELANGER
CITY-ST-ZIP	ST-LAURENT, QUEBEC H4B 3J4,

U00000823433
02/20/08-80039-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT RAVEN 01/28/2008 (514) 747-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #