


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90030 018 ***150.00

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DOCUMENT # F03000001087					
1. Entity Name HUSKY INJECTION MOLDING SYSTEMS, INC.					
Principal Place of Business 55 AMHERST VILLA ROAD BUFFALO, NY 14225-1432		Mailing Address 55 AMHERST VILLA ROAD BUFFALO, NY 14225-1432			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-2514693	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVPS	<input checked="" type="checkbox"/> Delete	TITLE	Director, Vice-President (Finance & CFO)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, STEPHEN J		NAME	GAGNON, DANIEL	
STREET ADDRESS	500 QUEEN STREET SOUTH		STREET ADDRESS	500 QUEEN STREET SOUTH	
CITY-ST-ZIP	BOLTON ONTARIO CANADA L7E5S1,		CITY-ST-ZIP	BOLTON, ONTARIO CANADA L7E 5S1	
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	Director, Vice-President (S&S, Americas)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAD, ROBERT E		NAME	SIERADZKI, RICHARD	
STREET ADDRESS	500 QUEEN STREET SOUTH		STREET ADDRESS	45145 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	BOLTON ONTARIO CANADA L7E5S1,		CITY-ST-ZIP	NOVI, MICHIGAN 48377	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, PAUL		NAME	LOUCKS, TIM	
STREET ADDRESS	77 W. WACKER DRIVE STE 2400		STREET ADDRESS	288 NORTH ROAD	
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP	MILTON, VERMONT 05468	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Secretary and General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLIMM, DIRK		NAME	McKENDRY, MICHAEL	
STREET ADDRESS	500 QUEEN STREET SOUTH		STREET ADDRESS	500 QUEEN STREET SOUTH	
CITY-ST-ZIP	BOLTON ONTARIO CANADA L7E5S1,		CITY-ST-ZIP	BOLTON, ONTARIO CANADA L7E 5S1	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILETTI, MICHAEL		NAME	TRISIC, GEORGE	
STREET ADDRESS	45145 West Twelve Mile Road		STREET ADDRESS	288 NORTH ROAD	
CITY-ST-ZIP	Novi, Michigan 48377		CITY-ST-ZIP	MILTON, VERMONT 05468	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, MICHAEL		NAME	GALT, John	
STREET ADDRESS	500 QUEEN STREET SOUTH		STREET ADDRESS	500 QUEEN STREET SOUTH	
CITY-ST-ZIP	BOLTON ONTARIO CANADA L7E5S1,		CITY-ST-ZIP	BOLTON, ONTARIO CANADA L7E 5S1	
12. 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 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: _____			Date: July 12/05 905-951-5173		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		