

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001087

FILED
Mar 23, 2009
Secretary of State

Entity Name: HUSKY INJECTION MOLDING SYSTEMS, INC.

Current Principal Place of Business:

55 AMHERST VILLA ROAD
BUFFALO, NY 142251432

New Principal Place of Business:

Current Mailing Address:

500 QUEEN STREET SOUTH
BOLTON, ON L7E 5S5 CA

New Mailing Address:

FEI Number: 36-2514693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GAGNON, DANIEL D, PRES
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: DVP () Delete
Name: SIERADZKI, RICHARD D, VP
Address: 45145 WEST TWELVE MILE ROAD
City-St-Zip: NOVI, MI 48377 US

Title: AS () Delete
Name: MORTON, PAUL AST SEC
Address: 77 W. WACKER DRIVE STE 2400
City-St-Zip: CHICAGO, IL 60601 US

Title: SGC () Delete
Name: MCKENDRY, MICHAEL SEC, GC
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: DGM () Delete
Name: LOUCKS, TIM DGM
Address: 288 NORTH ROAD
City-St-Zip: MILTON, VT 05468 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change () Addition
Name: MCKENDRY, MICHAEL D, VP, S
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: D,GM (X) Change () Addition
Name: SIERADZKI, RICHARD D, GM
Address: 45145 WEST TWELVE MILE ROAD
City-St-Zip: NOVI, MI 48377 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TM (X) Change () Addition
Name: AMICUCCI, ORLANDO TAX MAN
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL MCKENDRY

DVPS

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date