


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # M03000000248 1. Entity Name IPEX USA LLC	
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Principal Place of Business 3 PLACE DU COMMERCE, SUITE 101 ATTN: LAVAL FONG VERDUN, QUEBEC CANADA H3E 1H7, XX	Mailing Address 3 PLACE DU COMMERCE, SUITE 101 ATTN: LAVAL FONG VERDUN, QUEBEC CANADA H3E 1H7, XX
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03272007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0368062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

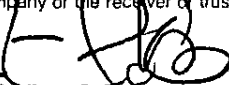
Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSE, CAROLE 3 PLACE DU COMMERCE SUITE 101 VERDUN, QUEBEC, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRADDON, PAUL J 3 PLACE DU COMMERCE SUITE 101 QUEBEC, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNER, JOSEPH L 4411 NORTH ROAN ST STE 9 JOHNSON CITY, TN 37615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80044-010 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Eric Fabi 03/27/2007 514-769-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #