

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90472 020 ***150.00

UBR31/02

DOCUMENT # P05448

1. Entity Name
MULTI FITTINGS CORPORATION

Principal Place of Business 50 VALLEYBROOK DRIVE DON MILLS. ONTARIO CA M3B 2-9 US	Mailing Address ATTN: W.B. CLARK C. BROCK & BLACKWELL 40 KING STREET W. SUITE 2100 TORONTO ON M5H -3C2 CN
--	--

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **74-1794081** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CECD TOROKVEI, THOMAS EVALD**
 STREET ADDRESS **IPEX INC., 50 VALLEYBROOK DR.**
 CITY-ST-ZIP **DON MILLS ON**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **COPD GRADDON PAUL JOSEPH**
 STREET ADDRESS **IPEX INC., PRT OF MONTREAL BLDG FL 1, W3**
 CITY-ST-ZIP **CITE DU HAVRE MO**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VTD LARUE, ROBERT G.**
 STREET ADDRESS **IPEX IC., 50 VALLEYBROOK DR.**
 CITY-ST-ZIP **DON MILLS ON**

TITLE Change Addition
 NAME **Vice-President, Finance**
 STREET ADDRESS **Carole Masse**
 CITY-ST-ZIP **Ipex Inc., Prt of Montreal Bldg Fl-1 W3 Cite du Havre, Montreal, Quebec H3C 3R5**

TITLE Delete
 NAME **S CLARK, W. BRUCE**
 STREET ADDRESS **CASSELS BROCK & BLACKWELL, #2100, 40 KING**
 CITY-ST-ZIP **TORONTO ON M5H -3C2**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: W. Bruce Clark Date: March 7, 2001 Daytime Phone #: 416-889-5367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)