

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P05448

1. Entity Name  
MULTI FITTINGS CORPORATION



Principal Place of Business  
4507 LE SAINT CT  
FAIRFIELD, OH 45014-5486 US

Mailing Address  
3 PLACE DU COMMERCE, STE 101  
VERDUN, QUEBEC H3E 1H7  
CANADA, XX



03192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-1794081

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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRADDON, PAUL J IPEX INC., 3 PLACE DU COMMERCE, SUITE 101 ILE DES SOEURS, VERDUN, QU h3e 1h7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MASSE, CAROL IPEX INC., 3 PLACE DU COMMERCE, SUITE 101 ILE DES SOEURS, VERDUN, QU h3e 1h7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, W. BRUCE CASSELS BROCK & BLACKWELL, #2100, 40 KING TORONTO, ON M5H 3C2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000683460  
04/11/07-80036-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Paul Graddon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 28, 2007*  
Date

Daytime Phone #