

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003670

Entity Name: WIRE ROPE INDUSTRIES, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

5501 TRANSCANADIENNE HWY.  
POINTE-CLAIRE, QUEBEC H9R 1B7  
POINTE-CLAIRE, CA H9R 1B7 CA

## New Principal Place of Business:

## Current Mailing Address:

5501 TRANSCANADIENNE HWY.  
POINTE-CLAIRE, QUEBEC H9R 1B7  
POINTE-CLAIRE, QC H9R 1B7 CA

## New Mailing Address:

FEI Number: 31-1714467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: CONRAD, JUAN  
Address: GRAJALES 2550  
City-St-Zip: SANTIAGO, CH SANTIAGO CH

Title: D ( ) Delete  
Name: MATETIC, JORGE  
Address: EL MILAGRO 455 - CASILLA 2034  
City-St-Zip: MAIPU - SANTIAGO, CHILE, CH SANTIAGO CH

Title: D ( ) Delete  
Name: VORT, GEERT  
Address: 1395 S. MARIETTA PKWY, BLDG. 500, STE. 100  
City-St-Zip: POMPANO BEACH, FL 33067

Title: DC ( ) Delete  
Name: VELGE, HENRI-JEAN  
Address: 18 B-8500 KORTRIJK KENNEDY PARK  
City-St-Zip: KORTRIJK, BE 18 B-500 BE

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT KESSLER

DIR

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date