

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0300000248

**Entity Name:** IPEX USA LLC

**Current Principal Place of Business:**

10100 RODNEY ST  
PINEVILLE, NC 28134

**Current Mailing Address:**

3 PLACE DU COMMERCE  
SUITE 101  
VERDUN, H3E 1H7 CA

**FEI Number:** 51-0368062

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MESTRES, ALEX  
Address        10100 RODNEY STREET  
City-State-Zip: PINEVILLE NC 28134

Title           MANAGER  
Name           DRUMMOND, JOHNNY  
Address        10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134

Title           PRESIDENT  
Name           LUTES, TRAVIS  
Address        10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134

Title           CFO  
Name           PAIVA, JEAN  
Address        10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134

Title           SECRETARY  
Name           CHOUINARD, NICOLE  
Address        10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134

Title           VP  
Name           COULOMBE, PIERRE  
Address        10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134

Title           VP  
Name           GALLANT, JEFF  
Address        10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134

Title           VP  
Name           NEUFELD, LINDA  
Address        10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134

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*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE CHOUINARD

**SECRETARY**

**04/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name STARGRATT, CHERYL  
Address 10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134

Title VP  
Name SHANAHAN, RICK  
Address 10100 RODNEY ST  
City-State-Zip: PINEVILLE NC 28134