

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005149

**Entity Name:** PROTRANS USA LLC

**Current Principal Place of Business:**

1209 ORANGE STREET  
WILMINGTON, DE 19801

**Current Mailing Address:**

455 RENE-LEVESQUE BLVD. WEST  
MONTREAL, QC H2Z 1Z3 CA

**FEI Number:** 99-0369304

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 DIRECTOR  
Name CLARKE, DALE  
Address 191 THE WEST MALL  
5TH FLOOR  
City-State-Zip: TORONTO ONTARIO M9C 5K8

Title PRESIDENT  
Name DEVLIN, MARC  
Address 191 THE WEST MALL  
5TH FLOOR  
City-State-Zip: TORONTO ONTARIO M9C 5K8

Title SENIOR VICE-PRESIDENT, FINANCE  
Name JAIPERSAUD, NARSAIN  
Address 191 THE WEST MALL  
5TH FLOOR  
City-State-Zip: TORONTO ONTARIO M9C 5K8

Title VICE-PRESIDENT, LEGAL AFFAIRS  
AND SECRETARY  
Name CHRISTINA, COSTY  
Address 455 RENÉ LÉVESQUE BLVD. WEST  
City-State-Zip: MONTREAL QUEBEC H2Z 1Z3

Title DIRECTOR  
Name DEVLIN, MARC  
Address 191 THE WEST MALL  
5TH FLOOR  
City-State-Zip: TORONTO ONTARIO M9C 5K8

Title ASSISTANT SECRETARY  
Name FINLAYSON, SIMON  
Address 191 THE WEST MALL  
5TH FLOOR  
City-State-Zip: TORONTO ONTARIO M9C 5K8

Title ASSISTANT CORPORATE  
Name SIMARD, GENEVIEVE  
Address 455 RENE-LEVESQUE BLVD. WEST  
City-State-Zip: MONTREAL QC H2Z1Z3

*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:** CHRISTINA , COSTY

**SEAN ARNO, ATTORNEY 01/07/2019  
IN FACT**

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

\_\_\_\_\_  
Date