

2015 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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 RANZ, MICHAEL J
Address 1905 N. CREEK PARKWAY
City-State-Zip: BOTHELL WA 19801

Title DIRECTOR
Name GRIER, ROBERT
Address 6585 PENN AVE
City-State-Zip: PITTSBURGH PA 15206

Title DIRECTOR
Name RATE, CHARLES
Address 304 THE EAST MALL
900
City-State-Zip: ETOBICOKE ONTARIO M9B6E2

Title PRESIDENT
Name DEVLIN, MARC
Address 304 THE EAST MALL SUITE
900
City-State-Zip: ETOBICOKE ONTARIO M9B6E2

Title SENIOR VICE-PRESIDENT, FINANCE
Name NARSAIN, JAIPERSAUD
Address 304 THE EAST MALL
900
City-State-Zip: ETOBICOKE ONTARIO M9B 6E2

Title VICE-PRESIDENT, LEGAL AFFAIRS
AND SECRETARY
Name CHRISTINA, COSTY
Address 87 RUE ONTARIO
City-State-Zip: MONTREAL QUEBEC H2X 0A7

Title ASSISTANT SECRETARY
Name PELLETIER, LOUISE
Address 455 RENE-LEVESQUE BLVD
City-State-Zip: MONTREAL QUEBEC H2Z1Z3

Title ASSISTANT SECRETARY
Name DURAN, ANDRES
Address 20100-SNC-LAVALIN O&M
City-State-Zip: ETOBICOKE ONTARIO M9B 6E2

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: LOUISE PELLETIER

ASSISTANT SECRETARY 04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date