

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001087

**Entity Name:** HUSKY INJECTION MOLDING SYSTEMS, INC.

**Current Principal Place of Business:**

288 NORTH ROAD  
MILTON, VT 05468

**Current Mailing Address:**

288 NORTH ROAD  
MILTON, VT 05468 US

**FEI Number: 36-2514693**

**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

**Officer/Director Detail :**

Title           DIRECTOR, VP, CORPORATE  
SERVICES, GENERAL COUNSEL &  
SECRETARY  
Name           MCKENDRY, MICHAEL  
Address        500 QUEEN STREET SOUTH  
City-State-Zip: BOLTON L7E-5S5

Title           DIRECTOR, ASSISTANT SECRETARY  
Name           MUSGRAVE, RICHARD J.  
Address        288 NORTH ROAD  
City-State-Zip: MILTON VT 05468

Title           AUTHORIZED SIGNATORY  
Name           GLASPIE, GEOFF  
Address        288 NORTH ROAD  
City-State-Zip: MILTON VT 05468

Title           AUTHORIZED SIGNATORY  
Name           MORTON, PAUL  
Address        77 W. WACKER DRIVE SUITE 2400  
City-State-Zip: CHICAGO IL 60601

Title           DIRECTOR, TAX & TREASURY  
Name           MARK, WITKOWSKI  
Address        500 QUEEN STREET SOUTH  
City-State-Zip: BOLTON L7E 5-S5

*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 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 all other like empowered.*

**SIGNATURE: RICHARD J. MUSGRAVE**

**ASSISTANT SECRETARY    03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date