

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005639

Entity Name: T2 SYSTEMS CANADA INC.**Current Principal Place of Business:**4105 GRANDVIEW HIGHWAY
BURNABY, BRITISH COLUMBIA V5C**Current Mailing Address:**4105 GRANDVIEW HIGHWAY
BURNABY, BRITISH COLUMBIA V5C CA**FEI Number:** 98-0603996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAPIRO, BLASI WASSERMAN & GORA, PA
7777 GLADES RD., SUITE 400
BOCA RATON, FL 33434 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	TREASURER
Name	ALAMEDA, MATT
Address	4105 GRANDVIEW HIGHWAY
City-State-Zip:	BURNABY BRITISH COLUMBIA V5C

Title	PRESIDENT
Name	BO, LIN
Address	4105 GRANDVIEW HIGHWAY
City-State-Zip:	BURNABY BRITISH COLUMBIA V5C

Title	ASSISTANT SECRETARY
Name	HANSON, ANDREA
Address	4105 GRANDVIEW HIGHWAY
City-State-Zip:	BURNABY BRITISH COLUMBIA V5C

Title	ASSISTANT TREASURER
Name	KOEHN, BRIAN
Address	4105 GRANDVIEW HIGHWAY
City-State-Zip:	BURNABY BRITISH COLUMBIA V5C

Title	SECRETARY
Name	AVRAHAM, RAPHAEL
Address	4105 GRANDVIEW HIGHWAY
City-State-Zip:	BURNABY BRITISH COLUMBIA V5C

Title	DIRECTOR
Name	ROBERTS, DAVID
Address	4105 GRANDVIEW HIGHWAY
City-State-Zip:	BURNABY BRITISH COLUMBIA V5C

Title	DIRECTOR
Name	KINSMAN, TOMMY
Address	4105 GRANDVIEW HIGHWAY
City-State-Zip:	BURNABY BRITISH COLUMBIA V5C

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: RAPHAEL AVRAHAM**SECRETARY****03/25/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date