

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002184

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC7998714593**

**Entity Name:** HALOGEN SOFTWARE (CANADA) INC

**Current Principal Place of Business:**

495 MARCH RD SUITE 100  
KANATA, ONTARIO K2K 3G1

**Current Mailing Address:**

495 MARCH RD SUITE 100  
KANATA, ONTARIO K2K 3G1 CA

**FEI Number:** 98-0215843

**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:** MICHAEL MALKOWSKI

02/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE CHAIRMAN, DIRECTOR  
Name SLAUNWHITE, MICHAEL  
Address 495 MARCH RD SUITE 100  
City-State-Zip: KANATA ONTARIO K2K 3G1

Title PRESIDENT, CEO, DIRECTOR  
Name RECHAN, LESLIE  
Address 495 MARCH RD SUITE 100  
City-State-Zip: KANATA K2K 3G1

Title DIRECTOR  
Name GRUNER, HARRY  
Address 495 MARCH RD SUITE 100  
City-State-Zip: KANATA ONTARIO K2K 3G1

Title DIRECTOR  
Name HOULT, PETER  
Address 495 MARCH RD SUITE 100  
City-State-Zip: KANATA ONTARIO K2K 3G1

Title DIRECTOR  
Name WILLIAMS, TIM  
Address 495 MARCH RD SUITE 100  
City-State-Zip: KANATA ONTARIO K2K 3G1

Title DIRECTOR  
Name ASHE, ROB  
Address 495 MARCH RD SUITE 100  
City-State-Zip: KANATA ONTARIO K2K 3G1

Title CFO  
Name LOW, PETE  
Address 495 MARCH RD SUITE 100  
City-State-Zip: KANATA K2K 3G1

Title DIRECTOR  
Name BESEMER, DEBORAH  
Address 495 MARCH ROAD, SUITE 100  
City-State-Zip: KANATA ONTARIO K2K 3G1

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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 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:** PETE LOW

CFO

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            STEWART, MICHAEL  
Address        495 MARCH ROAD, SUITE 100  
City-State-Zip: KANATA ONTARIO K2K 3G1