

2013 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
Aug 06, 2013
Secretary of State
CC8164432091

Entity Name: HALOGEN SOFTWARE (CANADA) INC

Current Principal Place of Business:

495 MARCH RD SUITE 500
KANATA, ON K2K 3G1

Current Mailing Address:

495 MARCH RD SUITE 500
KANATA, ON 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

08/06/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE CHAIRMAN, DIRECTOR
Name SLAUNWHITE, MICHAEL
Address 500-495 MARCH RD
City-State-Zip: OTTAWA ON K2K 3G1

Title PRESIDENT, CEO, DIRECTOR
Name LOUCKS, PAUL
Address 500-495 MARCH RD
City-State-Zip: OTTAWA ON K2K 3G1

Title DIRECTOR
Name GRUNNER, HARRY
Address 500-495 MARCH RD
City-State-Zip: OTTAWA ON K2K 3G1

Title DIRECTOR
Name HOULT, PETER
Address 500-495 MARCH RD
City-State-Zip: OTTAWA ON K2K 3G1

Title DIRECTOR
Name WILLIAMS, TIM
Address 500-495 MARCH RD
City-State-Zip: OTTAWA ON K2K 3G1

Title DIRECTOR
Name ASHE, ROB
Address 495 MARCH RD SUITE 500
City-State-Zip: KANATA K2K 3G1

Title CFO
Name LOW, PETE
Address 495 MARCH RD SUITE 500
City-State-Zip: KANATA ON K2K 3G1

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

08/06/2013

Electronic Signature of Signing Officer/Director Detail

Date