

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003779

**Entity Name:** SACO TECHNOLOGIES INC.

**Current Principal Place of Business:**

6000 TRANSCANADA  
MONTREAL, QUEBEC, CANADA, H4T1X9

**Current Mailing Address:**

6000 TRANSCANADA  
MONTREAL, QUEBEC, CANADA, H4T1X9 CA

**FEI Number:** NOT APPLICABLE

**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

**Officer/Director Detail :**

Title CHAIRMAN  
Name JALBOUT, FRED  
Address 411 KINDERSLEY  
City-State-Zip: MONT-ROYAL, QUEBEC H3R1S-1

Title DIRECTOR  
Name LABBEE, JONATHAN  
Address 3600 ROSALIE  
City-State-Zip: VAUDREUIL-DORION, QC J7V0G1

Title DIRECTOR  
Name DAVID, RUSSELL  
Address 325 ELLERTON AVE  
City-State-Zip: TOWN OF MOUNT-ROYAL, QC H3P1E1

Title DIRECTOR  
Name PROESEL, RON  
Address 1799 PICKWICK LANE  
City-State-Zip: DEKALB IL 60115

Title DIRECTOR  
Name DIBBLE, DAVID  
Address 2 PENN PLAZA  
City-State-Zip: NEW YORK NY 10121

Title DIRECTOR  
Name COLIN, KELLY  
Address 2 PENN PLAZA  
City-State-Zip: NEW YORK NY 10121

Title EVP & CAO  
Name EYTCHESON, LINDA  
Address 6000 TRANSCANADA  
City-State-Zip: MONTREAL, QUEBEC, CANADA H4T1X9

*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:** LINDA EYTCHESON

**EVP & CAO**

**04/29/2022**

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

\_\_\_\_\_  
Date