

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05448

FILED
Mar 07, 2016
Secretary of State
CC7365395735

Entity Name: MULTI FITTINGS CORPORATION

Current Principal Place of Business:

4507 LESAINCT CT
FAIRFIELD, OH 45014-5486

Current Mailing Address:

3 PLACE DU COMMERCE, STE 101
VERDUN
CANADA, QC H3E1H-7 CA

FEI Number: 74-1794081

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 DIRECTOR
Name MESTRES, ALEX
Address 4507 LESAINCT CT
City-State-Zip: FAIRFIELD OH 45014-5486

Title SECRETARY
Name CLARK, BRUCE
Address 40 KING STREET WEST
SUITE 2100
City-State-Zip: TORONTO ON M5H 3C2

Title DIRECTOR
Name PAIVA, JEAN
Address 4507 LESAINCT CT
City-State-Zip: FAIRFIELD OH 45014-5486

Title DIRECTOR
Name SPARROW, GLENN
Address 4507 LESAINCT CT
City-State-Zip: FAIRFIELD OH 45014-5486

Title ASST. SECRETARY
Name CHOUINARD, NICOLE
Address 4507 LESAINCT CT
City-State-Zip: FAIRFIELD OH 45014-5486

Title VP
Name SHANAHAN, RICK
Address 4507 LESAINCT CT
City-State-Zip: FAIRFIELD OH 45014-5486

Title VP
Name RIVARD, JOANNE
Address 4507 LESAINCT CT
City-State-Zip: FAIRFIELD OH 45014-5486

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: NICOLE CHOUINARD

ASSISTANT SECRETARY 03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date