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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 822249

1. Corporation Name

ALUMA SYSTEMS USA INC.

Principal Place of Business Mailing		Mailing Address	ng Address		1,000	
1111 NORTH LOOP WEST		CORPORATE RECORDSP.O. BOX 467 ELLICOTT STA P O BOX 467. ELLICOTT STATION BUFFALO NY 14205-7467 US				
SUITE 700				DO NOT WRITE IN	THIS SPACE	
HOUSTON TX 77008 US				3. Date Incorporated or Qualifed	11110 01 702	
03		00			12/31/1968	
2. Principal Place of Business 2a. Mail		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26		94-0349660	Not Applicable	
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		9. 00/mad 0, 0 mile 200 mile 2	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23) 28			Zip Country		Trust Fund Contribution	
Zip	Country	F-1 ' -			This corporation owes the current y Personal Property Tax.	earmangible □Yes □No
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Regis	
	5. Name and Address of Conten	t (togisteroo rigorit	81	Name		
CT CORPORATION SYSTEM			82	Stroot Add	dress (P.O. Box Number is Not Acceptable)	
	S. PINE ISLAND ROAD		[62]	Oli Bel Add	Tess (1:0. Box (tallies to the cheeplaste)	
PLANTATION FL 33324			83			
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
office or re	egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was auth	ionzed by	the corporal	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE		AUOTE D			and whom rejectation)	ATE
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS		13.	interest agriculture of the second of the se		
TITLE			1.1 TITLE	C	EOP	☐ Change ☐ Addition
NAME	The state of the s		12 NAME	-		Α.
STREET ADDRESS	76 BALSAM AVE.		13 STREET		ARSHALL, JEFFREY G	
CITY-ST-ZIP	TOPONTO ONTADIO CANADA MAE 207			13 STREET ADDRESS 108 KINGSWOOD ROAD 14 CITY-ST-ZIP TORONTO, ONTARIO, CANADA, M4E 3N5		. M4E 3N5
TITLE			2.1 TITLE	VP		t☑ Change ☐ Addition
NAME			2.2 NAME	r	LAYER, K. SCOTT	••
STREET ADDRESS	4040 DUCCCON CT				LYNNGROVE AVENUE	
CITY-ST-ZIP	DOMANGATIAL ONTADIO MOLL SCO		2. 4 CITY-S	I .	TOBICOKE, ONTARIO, CANA	ADA. M8X 1M3
TITLE			3.1 TITLE		P/GM	
NAME	ACCUENT THE IOD		3.2 NAME	I	INTERS, DAN	
STREET ADDRESS			3.3 STREET		738 ALLEGRO DRIVE	
CITY-ST-ZIP	MICORI ANDO TV TTOOO		3.4. CITY-S		OUSTON, TEXAS, 77040	
TITLE			4.1 TITLE			Change Addition
NAME	VALLELY, JOHN 4.		4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4,4 CITY-ST	T-ZiP		
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME	DELECTIO, LETIO		5.2 NAME			
STREET ADDRESS	EET ADDRESS 4800 DUFFERIN ST.		5.3 STREET	T ADDRESS		
CITY-ST-ZIP	DOWNSVIEW ONTARIO CANAL	OA M3H -5\$9	5.4 CITY-S	T-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
,,,,,,,	NORIE HERR		6.2 NAME			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: K. Sc

STREET ADDRESS

CITY-ST-ZIP

DOWNSVIEW ONTARIO CANADA M3H -5S9

4800 DUFFERIN ST.