

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000450

1. Entity Name  
HUMMINGBIRD USA INC.



Principal Place of Business  
1 SPARKS AVENUE  
TORONTO, ONTARIO CANADA  
M2H 2W1, XX

Mailing Address  
1 SPARKS AVENUE  
TORONTO, ONTARIO CANADA  
M2H 2W1, XX

FILED  
05 SEP -8 11: 8: 40



2. Principal Place of Business

3. Mailing Address

07252005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1854426

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SORKIN, FRED E  
STREET ADDRESS 93 PRUE AVENUE  
CITY-ST-ZIP TORONTO, ONTARIO, CANADA,

TITLE ~~ST STD~~ ☐ Delete  
NAME DUGGAL, INDER P.S.  
STREET ADDRESS 332 FERN HILL AVENUE  
CITY-ST-ZIP RICHMOND HILL, ONT., CANADA,

TITLE ~~P PD~~ ☐ Delete  
NAME LITWIN, ALAN B  
STREET ADDRESS 71 BAYVIEW RIDGE  
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE V ☒ Delete  
NAME BERKOW, ROBERT  
STREET ADDRESS 454 WEST 46TH STREET  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, or on other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

416 496 2200