## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F02000006088

1. Entity Name

ENGENUITY TECHNOLOGIES (USA) INC.



FILED Apr 05, 2004 08:00 AM Secretary of State

Principal Place of Business

4700 DE LA SAVANE, SUITE 300 MONTREAL, QC CANADA, H4P -1T7 Mailing Address

4700 DE LA SAVANE, SUITE 300 MONTREAL, QC CANADA, H4P -1T7



## DO NOT WRITE IN THIS SPACE

03222004 No Chg-P		CH2E034 (10/03)		
4. FEI Number			Applied For	
03-0491	107		Not Applicable	
5. Certificate o	f Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

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	o tisle il applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.		ncing	\$5.00 May Be Added to Fees			
10. OFFICERS AND D	RECTORS					
TRILE CP HAME COMMUNE, PATRICE STREET ADDRESS 4700 DE LA SAVANE, SUITE 300 MONTREAL, QC CANADA, H4P				U00000103780 04/05/04-80071-001 150.00		
TITLE DS HAME YVES, BOUCHER STREET ADDRESS 4700 DE LA SAVANE, SUITE 300 CITY-SI-ZIP MONTREAL, QC CANADA, H4P				. <del></del>		
TATLE NAME STRELT ADDRESS CITY-ST-ZIP			, DO	NOT WRITE		
TVILE NAME STREET ADDRESS CVY-ST-ZIP	}			IN THIS SPACE		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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, with all other like empowered.

SIGNATURE:

WES H. BOUCHER

3-24-2004

514-341-3874