

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000945

Entity Name: LOGISTEC USA INC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

200 DEL MONTE WAY
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

C/O INGRID STEFANCIC
360 ST JACQUES, STE 1500
MONTREAL, QC H2Y 1P5 XX

New Mailing Address:

FEI Number: 62-1333756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUBREUIL, SERGE
Address: 1675 ST PATRICK, APT 503
City-St-Zip: MONTREAL, QUEBEC, H3K 3G9, XX XXXXX

Title: VD () Delete
Name: VASATURO, MICHAEL
Address: 5 DEER RUN ROAD
City-St-Zip: SEYMOUR, CT 06483

Title: S () Delete
Name: STEFANCIC, INGRID
Address: 2044 GREY AVENUE
City-St-Zip: MONTREAL, QUEBEC, H4A 3N4, XX XXXXX

Title: V () Delete
Name: DUGAS, JEAN-CLAUDE
Address: 3100 BOUL. TRACY
City-St-Zip: LAVAL, QUEBEC, H7E 1L8, XX XXXXX

Title: D (X) Delete
Name: PAQUIN, MADELEINE
Address: 3100 CHEMIN ST. SULPICE
City-St-Zip: MONTREAL, QUEBEC, H3Y 2B9, XX XXXXX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STEFANCIC, INGRID
Address: 2044 GREY AVENUE
City-St-Zip: MONTREAL, QUEBEC, H4A 3N4, XX XXXXX

Title: VD (X) Change () Addition
Name: DUGAS, JEAN-CLAUDE
Address: 3100 BOUL. TRACY
City-St-Zip: LAVAL, QUEBEC, H7E 1L8, XX XXXXX

Title: D (X) Change () Addition
Name: PAQUIN, MADELEINE
Address: 3100 CHEMIN ST. SULPICE
City-St-Zip: MONTREAL, QUEBEC, H3Y 2B9, XX XXXXX

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: INGRID STEFANCIC

S

01/14/2009

Electronic Signature of Signing Officer or Director

Date