2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001087

FILED Apr 13, 2006 Secretary of State

Entity Name: HUSKY INJECTION MOLDING SYSTEMS, INC.						
Current Principal Place of Business:			New Princ	cipal Place of Business:		
	ST VILLA ROA NY 14225143					
Current Mailing Address: New Mail				ng Address:		
55 AMHERST VILLA ROAD BUFFALO, NY 142251432						
FEI Number:	36-2514693	FEI Number Applied For () FEI	Number Not App	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GAGNON, DANI 500 QUEEN ST		Title: Name: Address: City-St-Zip:	DP (X) Change () Addition GAGNON, DANIEL D, PRES 500 QUEEN STREET SOUTH BOLTON, ON L7E 5S5 CA		
Title: Name: Address: City-St-Zip:	SIERADZKI, RIC	WELVE MILE ROAD	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition SIERADZKI, RICHARD D, VP 45145 WEST TWELVE MILE ROAD NOVI, MI 48377 US		
Title: Name: Address: City-St-Zip:	MORTON, PAUL	DRIVE STE 2400	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition MORTON, PAUL AST SEC 77 W. WACKER DRIVE STE 2400 CHICAGO, IL 60601 US		
Title: Name: Address: City-St-Zip:	MCKENDRY, M 500 QUEEN ST		Title: Name: Address: City-St-Zip:	SGC (X) Change () Addition MCKENDRY, MICHAEL SEC, GC 500 QUEEN STREET SOUTH BOLTON, ON L7E 5S5 CA		
Title: Name: Address:	VP () DILETTI, MICHA		Title: Name: Address:	M (X) Change () Addition LING, EDWARD MANAGER 500 OUFEN STREET SOUTH		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BOLTON, ON L7E 5S5 CA

LOUCKS, TIM DGM

MILTON, VT 05468 US

288 NORTH ROAD

(X) Change () Addition

DGM

SIGNATURE: MICHAEL MCKENDRY SGC 04/13/2006

BOLTON ONTARIO CANADA L7E5S1,

() Delete

TRISIC, GEORGE

288 NORTH ROAD

MILTON, VT 05468

City-St-Zip:

Title:

Name:

Address:

City-St-Zip: