

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001087

FILED
May 01, 2008
Secretary of State

Entity Name: HUSKY INJECTION MOLDING SYSTEMS, INC.

Current Principal Place of Business:

55 AMHERST VILLA ROAD
BUFFALO, NY 142251432

New Principal Place of Business:

Current Mailing Address:

55 AMHERST VILLA ROAD
BUFFALO, NY 142251432

New Mailing Address:

500 QUEEN STREET SOUTH
BOLTON, ON L7E 5S5 CA

FEI Number: 36-2514693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GAGNON, DANIEL D, PRES
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: DVP () Delete
Name: SIERADZKI, RICHARD D, VP
Address: 45145 WEST TWELVE MILE ROAD
City-St-Zip: NOVI, MI 48377 US

Title: AS () Delete
Name: MORTON, PAUL AST SEC
Address: 77 W. WACKER DRIVE STE 2400
City-St-Zip: CHICAGO, IL 60601 US

Title: SGC () Delete
Name: MCKENDRY, MICHAEL SEC, GC
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: DTX (X) Delete
Name: HAIRE, ROBERT D, TAX
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: DGM () Delete
Name: LOUCKS, TIM DGM
Address: 288 NORTH ROAD
City-St-Zip: MILTON, VT 05468 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MICHAEL MCKENDRY

SEC

05/01/2008

Electronic Signature of Signing Officer or Director

Date