

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001087

FILED
May 14, 2012
Secretary of State

Entity Name: HUSKY INJECTION MOLDING SYSTEMS, INC.

Current Principal Place of Business:

288 NORTH ROAD
MILTON, VT 05468 US

New Principal Place of Business:

Current Mailing Address:

500 QUEEN STREET SOUTH
BOLTON, ON L7E 5S5 CA

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: DVPS
Name: MCKENDRY, MICHAEL
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: D,AS
Name: MUSGRAVE, RICK
Address: 288 NORTH ROAD
City-St-Zip: MILTON, VT 05468 US

Title: AS
Name: GLASPIE, GEOFF
Address: 288 NORTH ROAD
City-St-Zip: MILTON, VT 05468 US

Title: CEO
Name: HALATSIS, GEORGE
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: P,M
Name: MORTON, PAUL
Address: 77 W. WACKER DRIVE SUITE 2400
City-St-Zip: CHICAGO, IL 60601 US

Title: D,T
Name: MARK, WITKOWSKI
Address: 500 QUEEN STREET SOUTH
City-St-Zip: BOLTON, ON L7E 5S5 CA

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MCKENDRY

DVPS

05/14/2012

Electronic Signature of Signing Officer or Director

Date