

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001335

FILED
Apr 07, 2009
Secretary of State

Entity Name: CN WORLDWIDE DISTRIBUTION SERVICES (USA) INC

Current Principal Place of Business:

6933 MORRISON ST
NIAGARA FALLS ONTARIO CANADA, L2E2G5 XX

New Principal Place of Business:

6933 MORRISON ST
NIAGARA FALLS ONTARIO CANADA, ON L2E2G5 XX

Current Mailing Address:

C/O SECRETARY OFFICE 935
DE LA GAUCHETIERE STREET W 16 FLOOR
MONTREAL QUEBEC H3B2M9, XX

New Mailing Address:

C/O US TAX DEPT, 17641 S ASHLAND AVE
HOMewood, IL 60430

FEI Number: 16-1414803

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: GM () Delete
Name: KERSHAW, MIKE
Address: 1 ADMINISTRATION RD
City-St-Zip: CONCORD ONTARIO L4K 1B9, XX

Title: PD () Delete
Name: REARDON, KEITH
Address: 16800 S CENTER ST
City-St-Zip: HARVEY, IL 60426

Title: ST () Delete
Name: TAWEL, PAUL
Address: 935 DE LA GAUCHETIERE STREET W
City-St-Zip: MONTREAL QUEBEC CANADA, H3B2M9 XX

Title: D () Delete
Name: FOOTE, JAMES
Address: 415 E NORTH WATER STREET 1002
City-St-Zip: CHICAGO, IL 60611

Title: D () Delete
Name: JABLONSKI, STAN
Address: 935 DE LA GAUCHETIERE STREET W
City-St-Zip: MONTREAL QUEBEC CANADA, H3B2M9 XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: REARDON, KEITH
Address: 17641 S ASHLAND AVE
City-St-Zip: HOMEWOOD, IL 60430

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: KEITH REARDON

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date