

# 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