

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001506

Entity Name: CSH MASTER CARE USA INC.

FILED
Jan 23, 2010
Secretary of State

Current Principal Place of Business:

100 MILVERTON DR., SUITE 700
MISSISSAUGA, ON
CANADA L5R 4H1, ON

New Principal Place of Business:

100 MILVERTON DR., SUITE 700
MISSISSAUGA, ON
CANADA L5R 4H1, ON 00000 XX

Current Mailing Address:

100 MILVERTON DR., SUITE 700
MISSISSAUGA, ON
CANADA, L5R 4H1, ON

New Mailing Address:

100 MILVERTON DR., SUITE 700
MISSISSAUGA, ON
CANADA, L5R 4H1, ON 0000 XX

FEI Number: 20-3109318

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: PD
Name: BINIONS, BRENT
Address: 100 MILVERTON DR., SUITE 700
City-St-Zip: MISSISSAUGA, ONT. L5R4H2 CANADA, ON 000000 XX

Title: COO
Name: NOONAN, RICHARD
Address: 100 MILVERTON DR., SUITE 700
City-St-Zip: MISSISSAUGA, ON, L5R4H7 CAN, ON 000000 XX

Title: CFO
Name: VOLODARSKI, VLAD
Address: 100 MILVERTON DR., SUITE 700
City-St-Zip: MISSISSAUGA, ON L5R4H7 CAN, ON 000000 XX

Title: SEC
Name: BOULAKIA, JONATHAN
Address: 100 MILVERTON DR., SUITE 700
City-St-Zip: MISSISSAUGA, ON L5R4H7 CAN, ON 000000 XX

Title: SVP
Name: PLOEN, TERRY
Address: 100 MILVERTON DR., SUITE 700
City-St-Zip: MISSISSAUGA, ON L5R4H7 CAN, ON 000000 XX

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: NEIL PAGE

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01/23/2010

Electronic Signature of Signing Officer or Director

Date