2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P05448

1. Entity Name
MULTI FITTINGS CORPORATION

Principal Place of Business	Mailing Address
4507 LE SAINT CT FAIRFIELD, OH 45014-5486 US	3 PLACE DU COMMERCE, STE 101 VERDUN, QUEBEC H3E 1H7 CANADA, XX

03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-1794081
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRADDON, PAUL J
STREET ADDRESS	IPEX INC., 3 PLACE DU COMMERCE, SUITE 101
CITY-ST-ZIP	ILE DES SOEURS, VERDUN, QU h3e 1h7
TITLE	VCFO
NAME	MASSE, CAROL
STREET ADDRESS	IPEX INC., 3 PLACE DU COMMERCE, SUITE 101
CITY-ST-ZIP	ILE DES SOEURS, VERDUN, QU h3e 1h7
TITLE	S
NAME	CLARK, W. BRUCE
STREET ADDRESS	CASSELS BROCK & BLACKWELL, #2100, 40 KING
CITY-ST-ZIP	TORONTO, ON M5H 3C2
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Graddon March 28 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #