2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01738

Entity Name: CSM-MONENCO, INC.

City-St-Zip: OAKVILLE, ON L6H 6X7 CA

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
FRANKLIN	E) STREET NW N TOWER, #100 STON, DC 2000	0	SUITE 700	STON PARK D) E, ON L6H 6X7		
Current Mailing Address:			New Maili	New Mailing Address:		
2020 WINSTON PARK DRIVE SUITE 700 OAKVILLE, ON, CANADA, ON L6H 6X7 CA			2020 WINSTON PARK DRIVE SUITE 700 OAKVILLE, ON L6H 6X7 CA			
FEI Number	: 13-3639835	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of Cເ	rrent Registered Agent:	Name and	Address of N	ew Registered Agent:	
1200 SOU PLANTAT The above	e of Florida.	D ROAD US	ourpose of changing	its registered o	ffice or registered agent, or both,	
SIGNATU		Signature of Registered Age	ont		 Date	
			anı		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip: Title:	WATSON, TIMOT 1979 LAKESIDE TUCKER, GA 30	PARKWAY, SUITE 500	Title: Name: Address: City-St-Zip: Title:	LING, GRANT R 14428 ALBEMA CHANTILLY, VA	RLE POINT PLACE, SUITE 150	
Name: Address: City-St-Zip:	LING, GRANT 1401 I(EYE) ST N WASHINGTON, D		Name: Address: City-St-Zip:	LING, GRANT R	RLE POINT PLACE, SUITE 150	
Title: Name: Address: City-St-Zip:	VLASTARIS, NIC	PARK DRIVE, SUITE 700	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S () [SCHIFFER, VIVIE 333 CLAY STREI HOUSTON, TX 7	ET, SUITE 3300	Title: Name: Address: City-St-Zip:	GERRISH, GRE 2020 WINSTON	I PARK DRIVE, SUITE 700	
Title: Name: Address:	GERRISH, GREG	Delete GORY R PARK DRIVE, SUITE 700	Title: Name: Address:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: GREGORY R. GERRISH ACS 04/05/2007