2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002184

Entity Name: HALOGEN SOFTWARE (CANADA) INC

Current Principal Place of Business:

495 MARCH RD SUITE 100 KANATA. ONTARIO K2K 3G1

Current Mailing Address:

495 MARCH RD SUITE 100 KANATA, ONTARIO K2K 3G1 CA

FEI Number: 98-0215843 Certificate of Status Desired: No

FILED Jan 07, 2015

Secretary of State

CC4369815470

Date

Date

Name and Address of Current Registered Agent:

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

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: MICHAEL MALKOWSKI 01/07/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title EXECUTIVE CHAIRMAN, DIRECTOR Title PRESIDENT, CEO, DIRECTOR

Name SLAUNWHITE, MICHAEL Name LOUCKS, PAUL

Address 495 MARCH RD SUITE 100 Address 495 MARCH RD SUITE 100

City-State-Zip: KANATA ONTARIO K2K 3G1 City-State-Zip: KANATA ONTARIO K2K 3G1

Title DIRECTOR Title DIRECTOR

Name GRUNER, HARRY Name HOULT, PETER

Address 495 MARCH RD SUITE 100 Address 495 MARCH RD SUITE 100

City-State-Zip: KANATA ONTARIO K2K 3G1

City-State-Zip: KANATA ONTARIO K2K 3G1

Title DIRECTOR Title DIRECTOR

Name WILLIAMS, TIM Name ASHE, ROB

Electronic Signature of Signing Officer/Director Detail

Address 495 MARCH RD SUITE 100 Address 495 MARCH RD SUITE 100

City-State-Zip: KANATA ONTARIO K2K 3G1

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Title CFO

Name LOW, PETE

Address 495 MARCH RD SUITE 100 City-State-Zip: KANATA ONTARIO K2K 3G1

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: PETER LOW CFO 01/07/2015