

1.) CORPORATION NAME:

WINPAK INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0542763**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 SAULTEAUX CRESCENT

CITY/ST/ZIP: WINNIPEG MANITOBA CANAD, FN 99999CA

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	D A JOHNS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 SAULTEAUX CRESCENT		
CITY/ST/ZIP/CO:	WINNIPEG, CANADA , , FN		
NAME:	A AARNIO-WIHURI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	KARKI KALLIONKUJA 6		
CITY/ST/ZIP/CO:	HELSINKI, , , FN		
NAME:	ROD DEGEUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR/FIN AND FD		
ADDRESS:	100 SAULTEAUX CRES		
CITY/ST/ZIP/CO:	WINNIPEG MB , , FN		
NAME:	D LYNN KEMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	62 MACKIE BAY		
CITY/ST/ZIP/CO:	WINNIPEG _____ R2Y1V7 , , FN		
NAME:	J R LAVERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 DUMBARTON BLVD		
CITY/ST/ZIP/CO:	WINNIPEG MB , , FN		
NAME:	Bruce Berry	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	100 Saulteaux Crescent		
CITY/ST/ZIP/CO:	Winnipeg, MB R3J 3T3, CA		

NAME: D CHATTERLEY TITLE: DIRECTOR ADDRESS: 86 RADCLIFFE ROAD CITY/ST/ZIP/CO: WINNIPEG, MB R3J 3T3, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: T FAGERNAS TITLE: DIRECTOR ADDRESS: ERROTAJANKATU 11 A 16 CITY/ST/ZIP/CO: HELSINKI, FI-00130, FI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J HELLGREN TITLE: DIRECTOR ADDRESS: WIHURINAUKIO 2 CITY/ST/ZIP/CO: HELSINKI, FI-00570, FI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: I.T. SUOMINEN TITLE: DIRECTOR ADDRESS: WIHURINAUKIO 2 CITY/ST/ZIP/CO: HELSINKI, FI-00570, FI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J POLLARD TITLE: DIRECTOR ADDRESS: 1499 BUFFALO PLACE CITY/ST/ZIP/CO: WINNIPEG, MB R3T 1L7, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROD DEGEUS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROD DEGEUS, DIR/FIN AND FD PRINTED NAME AND CORPORATE TITLE	5/24/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		