

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214524771

1.) CORPORATION NAME:

WINPAK INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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
R3J 3T3

CITY/ST/ZIP: WINNIPEG MANITOBA, Canada

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:	, , 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:	, , 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:	, , FN		

NAME:	ROD DEGEUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR/FIN AND FD		
ADDRESS:	100 SAULTEAUX CRESCENT		
CITY/ST/ZIP/CO:	WINNIPEG, , CA		

NAME:	D LYNN KEMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	100 SAULTEAUX CRESCENT		
CITY/ST/ZIP/CO:	WINNIPEG, , CA		

NAME:	D CHATTERLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	605-3420 PEMBINA HWY		
CITY/ST/ZIP/CO:	WINNIPEG, R3V 0A3, CA		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J HELLGREN DIRECTOR WIHURINAUKIO 2 , , FI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J R LAVERY DIRECTOR 800 GREEN ST. NIAGARA-ON-THE-LAKE, ON L0S 1J0, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	I.T. SUOMINEN DIRECTOR WIHURINAUKIO 2 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M.H. AARNIO WIHURI DIRECTOR WIHURINAUKIO 2 HELSINKI, FI-00570, FI	<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	5/12/2014 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.			