

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214515015

1.) CORPORATION NAME:

IMAX CORPORATION

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1783887**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
UNLTD	999,999,999

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2525 SPEAKMAN DRIVE
MISSISSAUGA ONTARIO L5K 1B1

CITY/ST/ZIP: FOREIGN, 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:	RICHARD L GELFOND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	110 E 59TH ST STE 2100		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	ROBERT D LISTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF LC		
ADDRESS:	110 E 59TH ST STE 2100		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	G MARY RUBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2525 SPEAKMAN DRIVE		
CITY/ST/ZIP/CO:	, , FN		

NAME:	JOSEPH SPARACIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	110 E 59TH ST STE 2100		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	JEFFREY VANCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & CONTROLLE		
ADDRESS:	2525 SPEAKMAN DRIVE		
CITY/ST/ZIP/CO:	, , FN		

NAME:	NEIL S BRAUN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Pace University, Dean's Office		
CITY/ST/ZIP/CO:	One Pace Plaza NEW YORK, NY 10038		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC A DEMIRIAN DIRECTOR 100 KING ST W., STE 5700 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARTH M GIRVAN DIRECTOR STE 4700 TD BANK TOWER , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W LEEBRON DIRECTOR 6100 MAIN ST, MS-1 HOUSTON, TX 77005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	I MARTIN POMPADUR DIRECTOR 125 W. 55TH ST. NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC A UTAY DIRECTOR 110 E. 59TH ST., STE 2400 NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY J WECHSLER DIRECTOR 110 E 59TH ST STE 2100 NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael MacMillan DIRECTOR 33 Prince Arthur Drive Toronto, Ontari M5R 1B2, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Lynne DIRECTOR 888 Seventh Ave., 16th Floor New York, NY 10106	<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/ G MARY RUBY	G MARY RUBY, SECRETARY	3/21/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.