

1.) CORPORATION NAME:

WPS USA Corp.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

DUE DATE: **6/30/2011**

SCC ID NO: **F1792581**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5630 TOMKEN RD UNIT 445
MISSISSAUGA ONTARIO

CITY/ST/ZIP: , -

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:	PAUL ANTHONY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	5630 TOMKEN RD UNIT 445		
CITY/ST/ZIP/CO:	MISSISSAUGA ONTARIO		
	, - ,		
NAME:	DEREK J KILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5630 TOMKEN ROAD, UNIT 4&5		
CITY/ST/ZIP/CO:	MISSISSAUGA ONTARIO, L4W 1P4-, CANADA		
NAME:	RICHARD DUFFY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5630 TOMKEN ROAD, UNIT 4&5		
CITY/ST/ZIP/CO:	MISSISSAUGA ONTARIO, L4W 1P4-, CANADA		
NAME:	PETER PEDDERMORS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5630 TOMKEN ROAD, UNIT 4&5		
CITY/ST/ZIP/CO:	MISSISSAUGA ONTARIO, L4W 1P4-, CANADA		
NAME:	LICIO CENGARLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5630 TOMKEN ROAD, UNIT 4&5		
CITY/ST/ZIP/CO:	MISSISSAUGA ONTARIO, L4W 1P4-, CANADA		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL L MARTELL	
TITLE:	ASST SECRETARY	
ADDRESS:	MORRISON COHEN LLP	
	909 THRID AVENUE - 27TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-	

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.

<u>/s/ MICHAEL L MARTELL</u>	MICHAEL L MARTELL, ASST	<u>5/20/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> 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.