

1.) CORPORATION NAME:

FIBREK INC.

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

DUE DATE: **5/31/2011**

SCC ID NO: **F1826132**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
UNLTD	99,999,999,999
	9

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 625 RENÉ LÉVESQUE BLVD. WEST, SUITE 700

CITY/ST/ZIP: MONTREAL, QUÉBEC H3B 1R2-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: PIERRE GABRIEL COTE
TITLE: PRESIDENT
ADDRESS: 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700
CITY/ST/ZIP/CO: MONTREAL, QUÉBEC H3B 1R2-, CANADA

OFFICER

DIRECTOR

NAME: DINO FUOCO
TITLE: DIRECTOR
ADDRESS: 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700
CITY/ST/ZIP/CO: MONTREAL, QC H3B 1R2-, CANADA

OFFICER

DIRECTOR

NAME: GEORGE KOBRYNSKY
TITLE: DIRECTOR
ADDRESS: 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700
CITY/ST/ZIP/CO: MONTREAL, QC H3B 1R2-, CANADA

OFFICER

DIRECTOR

NAME: HUBERT T LACROIX
TITLE: DIRECTOR
ADDRESS: 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700
CITY/ST/ZIP/CO: MONTREAL, QC H3B 1R2-, CANADA

OFFICER

DIRECTOR

NAME: NANCY ORR
TITLE: DIRECTOR
ADDRESS: 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700
CITY/ST/ZIP/CO: MONTREAL, QC H3B 1R2-, CANADA

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCOIS ROY DIRECTOR 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700 MONTREAL, QC H3B 1R2-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADAM LAPOINTE DIRECTOR 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700 MONTREAL, QC H3B 1R2-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PIERRE DESJARDINS DIRECTOR 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700 MONTREAL, QC H3B 1R2-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARROLD GORDON DIRECTOR 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700 MONTREAL, QC H3B 1R2-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EMMANUELLE LAMARRE-CLICHE VICE PRESIDENT 625 RENÉ-LÉVESQUE BLVD WEST, SUITE 700 MONTREAL, QC H3B 1R2-, CANADA	<input checked="" type="checkbox"/> OFFICER	<input 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/ EMMANUELLE LAMARRE-CLICHE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EMMANUELLE LAMARRE-CLICHE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/30/2011 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.			