

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT3412629

|                                                                                                                                                                                                 |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>SUBMISSION TYPE:</b>                                                                                                                                                                         | NEW ASSIGNMENT             |
| <b>NATURE OF CONVEYANCE:</b>                                                                                                                                                                    | CHANGE OF ADDRESS          |
| <b>CONVEYING PARTY DATA</b>                                                                                                                                                                     |                            |
| <b>Name</b>                                                                                                                                                                                     | <b>Execution Date</b>      |
| BRIAN COURTNEY                                                                                                                                                                                  | 07/19/2011                 |
| AMANDEEP THIND                                                                                                                                                                                  | 07/19/2011                 |
| <b>RECEIVING PARTY DATA</b>                                                                                                                                                                     |                            |
| <b>Name:</b>                                                                                                                                                                                    | COLIBRI TECHNOLOGIES INC.  |
| <b>Street Address:</b>                                                                                                                                                                          | 293 LEESMILL RD            |
| <b>City:</b>                                                                                                                                                                                    | NORTH YORK, ON             |
| <b>State/Country:</b>                                                                                                                                                                           | CANADA                     |
| <b>Postal Code:</b>                                                                                                                                                                             | M3B 2V1                    |
| <b>PROPERTY NUMBERS Total: 1</b>                                                                                                                                                                |                            |
| <b>Property Type</b>                                                                                                                                                                            | <b>Number</b>              |
| <b>Application Number:</b>                                                                                                                                                                      | 14749795                   |
| <b>CORRESPONDENCE DATA</b>                                                                                                                                                                      |                            |
| <b>Fax Number:</b>                                                                                                                                                                              | (703)739-9889              |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> |                            |
| <b>Phone:</b>                                                                                                                                                                                   | 703-739-9888               |
| <b>Email:</b>                                                                                                                                                                                   | DOWELL@DOWELLPC.COM        |
| <b>Correspondent Name:</b>                                                                                                                                                                      | DOWELL & DOWELL, P.C.      |
| <b>Address Line 1:</b>                                                                                                                                                                          | 103 ORONOCO ST, SUITE 220  |
| <b>Address Line 4:</b>                                                                                                                                                                          | ALEXANDRIA, VIRGINIA 22314 |
| <b>ATTORNEY DOCKET NUMBER:</b>                                                                                                                                                                  | 19285                      |
| <b>NAME OF SUBMITTER:</b>                                                                                                                                                                       | RALPH A. DOWELL            |
| <b>SIGNATURE:</b>                                                                                                                                                                               | /Ralph A Dowell/           |
| <b>DATE SIGNED:</b>                                                                                                                                                                             | 06/25/2015                 |
| <b>Total Attachments: 4</b>                                                                                                                                                                     |                            |
| source=19285AssignmentChangeOfAddress#page1.tif                                                                                                                                                 |                            |
| source=19285AssignmentChangeOfAddress#page2.tif                                                                                                                                                 |                            |
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Ministry of  
Government Services

Central Production and  
Verification Services Branch  
393 University Ave., Suite 200  
Toronto ON M5G 2M2

Ministère des  
Services gouvernementaux

Direction des services  
centraux de production et de vérification  
393, av. University, bureau 200  
Toronto ON M5G 2M2

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### Form 1 - Ontario Corporation Initial Return / Notice of Change

### Formule 1 - Personnes morales de l'Ontario Rapport Initial / Avis de modification

Please type or print all information in block capital letters using black ink.

Préparez et imprimez tous les renseignements en lettres majuscules à l'aide d'un stylo noir.

|                                                                     | Initial Return<br>Rapport Initial | Notice of Change<br>Avis de modification |
|---------------------------------------------------------------------|-----------------------------------|------------------------------------------|
| 1. Business Corporation/<br>Société par actions                     | <input type="checkbox"/>          | <input checked="" type="checkbox"/>      |
| Not-For-Profit Corporation/<br>Personne morale sans but<br>lucratif | <input type="checkbox"/>          | <input type="checkbox"/>                 |

|                                                                                                      |                                                                                                                                |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 2. Ontario Corporation Number<br>Numéro matricule de la personne<br>morale en Ontario<br><br>3030856 | 3. Date of Incorporation or<br>Amalgamation/<br>Date de constitution ou fusion<br>Year/Année Month/Mois Day/Jour<br>2007 11 07 |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

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4. Corporation Name including Purchaser/Raison sociale de la personne morale, y compris la purchaser  
Colibri Technologies Inc.

5. Address of Registered or Head Office/Adresse du siège social  
do / als  
Brian Courtney  
Street No./N° d'avenue Street Name/Rue de la rue Suite/Bureau  
293 Lesmill Rd  
Street Name (cont'd)/Nom de la rue (suite)  
City/Town/Ville  
North York ONTARIO, CANADA  
Postal Code/Code postal  
M3B 2V1

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6. Mailing Address/Adresse postale  
Street No./N° d'avenue  
Street Name/Rue de la rue Suite/Bureau  
Street Name (cont'd)/Nom de la rue (suite)  
City/Town/Ville  
Province, State/Province, État Country/Pays Postal Code/Code postal

☒ Same as Registered or Head Office/  
Même que siège social  
☐ Not Applicable/  
Ne s'applique pas

7. Language of Preference/Langue préférée  
English - Anglais ☒ French - Français ☐

8. Information on Directors/Officers must be completed on Schedule A as requested. If additional space is required, photocopy Schedule A. Les renseignements sur les administrateurs ou les dirigeants doivent être fournis dans l'Annexe A, tel que demandé. Si vous avez besoin de plus d'espace, vous pouvez photocopier l'Annexe A.  
Number of Schedule A(s) submitted/Nombre d'Annexes A présentées 3 (At least one Schedule A must be submitted/ Au moins une Annexe A doit être présentée)

9. (Print or type name in full of the person authorizing filing / Dactylographier ou inscrire le prénom et le nom en caractères d'imprimerie de la personne qui autorise l'enregistrement)

I/Je Amandeep Singh Thind

Check appropriate box  
Cochez la case pertinente  
D) ☐ Director/Administrateur

O) ☒ Officer /Dirigeant

P) ☐ Other individual having knowledge of the  
affairs of the Corporation/Autre personne  
ayant connaissance des activités de la  
personne morale

certify that the information set out herein, is true and correct.  
attester que les renseignements précités sont véridiques et exacts.

Note/Remarque: Sections 13 and 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions. Les articles 13 et 14 de la Loi sur les renseignements exigés des personnes morales prévoient des peines en cas de déclaration fautive ou trompeuse, ou d'omission.

**Form 1 - Ontario Corporation/Formule 1 - Personnes morales de l'Ontario**  
**Schedule A/Annexe A**

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|                                                                                                                                                                                             |                                                                                                |                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Please type or print all information in block capital letters using black ink.<br>Prière de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire. | Ontario Corporation Number<br>Numéro matricule de la personne morale en Ontario<br><div></div> | Date of Incorporation or Amalgamation<br>Date de constitution ou fusion<br>Year/Année Month/Mois Day/Jour<br><div></div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

**DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS**

Full Name and Address for Service/Nom et domicile élu

|                                                                 |                                   |                                            |
|-----------------------------------------------------------------|-----------------------------------|--------------------------------------------|
| Last Name/Nom de famille<br><b>COURTNEY</b>                     | First Name/Prénom<br><b>BRIAN</b> | Middle Names/Autres prénoms<br><div></div> |
| Street Number/Numéro de rue<br><b>274</b>                       | Suite/Bureau<br><div></div>       |                                            |
| Street Name (cont'd)/Nom de la rue (suite)<br><b>BALLIOL ST</b> |                                   |                                            |
| City/Town/Ville<br><b>TORONTO</b>                               |                                   |                                            |
| Province, State/Province, État<br><b>ONTARIO</b>                | Country/Pays<br><b>CANADA</b>     | Postal Code/Code postal<br><b>M4S 1E2</b>  |

**Director Information/Renseignements relatifs aux administrateurs**

|                                         |                                                     |                                   |                                                                                                                                                             |
|-----------------------------------------|-----------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resident Canadian/<br>Résident canadien | <input checked="" type="checkbox"/> YES/OUI         | <input type="checkbox"/> NON/NO   | (Resident Canadian applies to directors of business corporations only.)<br>(Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions) |
| Date Elected/<br>Date d'élection        | Year/Année Month/Mois Day/Jour<br><b>2007 11 16</b> | Date Cessed/<br>Date de cessation | Year/Année Month/Mois Day/Jour<br><div></div>                                                                                                               |

**Officer Information/Renseignements relatifs aux dirigeants**

| PRESIDENT/PRÉSIDENT                                 | SECRETARY/SECRÉTAIRE                                | TREASURER/TRÉSORIER                                 | GENERAL MANAGER/<br>DIRECTEUR GÉNÉRAL         |
|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| Year/Année Month/Mois Day/Jour<br><b>2007 11 16</b> | Year/Année Month/Mois Day/Jour<br><b>2007 11 16</b> | Year/Année Month/Mois Day/Jour<br><b>2007 11 16</b> | Year/Année Month/Mois Day/Jour<br><div></div> |
| Date Appointed/<br>Date de nomination               | Date Appointed/<br>Date de nomination               | Date Appointed/<br>Date de nomination               | Date Appointed/<br>Date de nomination         |
| Date Cessed/<br>Date de cessation                   | Date Cessed/<br>Date de cessation                   | Date Cessed/<br>Date de cessation                   | Date Cessed/<br>Date de cessation             |

**DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS**

Full Name and Address for Service/Nom et domicile élu

|                                                               |                                  |                                            |
|---------------------------------------------------------------|----------------------------------|--------------------------------------------|
| Last Name/Nom de famille<br><b>SHAH</b>                       | First Name/Prénom<br><b>KRIS</b> | Middle Names/Autres prénoms<br><div></div> |
| Street Number/Numéro de rue<br><b>5112</b>                    | Suite/Bureau<br><div></div>      |                                            |
| Street Name (cont'd)/Nom de la rue (suite)<br><b>DURIE RD</b> |                                  |                                            |
| City/Town/Ville<br><b>MISSISSAUGA</b>                         |                                  |                                            |
| Province, State/Province, État<br><b>ONTARIO</b>              | Country/Pays<br><b>CANADA</b>    | Postal Code/Code postal<br><b>L5M 2L7</b>  |

**Director Information/Renseignements relatifs aux administrateurs**

|                                         |                                                     |                                   |                                                                                                                                                             |
|-----------------------------------------|-----------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resident Canadian/<br>Résident canadien | <input checked="" type="checkbox"/> YES/OUI         | <input type="checkbox"/> NON/NO   | (Resident Canadian applies to directors of business corporations only.)<br>(Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions) |
| Date Elected/<br>Date d'élection        | Year/Année Month/Mois Day/Jour<br><b>2010 04 26</b> | Date Cessed/<br>Date de cessation | Year/Année Month/Mois Day/Jour<br><div></div>                                                                                                               |

**Officer Information/Renseignements relatifs aux dirigeants**

| PRESIDENT/PRÉSIDENT                           | SECRETARY/SECRÉTAIRE                          | TREASURER/TRÉSORIER                           | GENERAL MANAGER/<br>DIRECTEUR GÉNÉRAL         |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Year/Année Month/Mois Day/Jour<br><div></div> | Year/Année Month/Mois Day/Jour<br><div></div> | Year/Année Month/Mois Day/Jour<br><div></div> | Year/Année Month/Mois Day/Jour<br><div></div> |
| Date Appointed/<br>Date de nomination         | Date Appointed/<br>Date de nomination         | Date Appointed/<br>Date de nomination         | Date Appointed/<br>Date de nomination         |
| Date Cessed/<br>Date de cessation             | Date Cessed/<br>Date de cessation             | Date Cessed/<br>Date de cessation             | Date Cessed/<br>Date de cessation             |

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|                                                                                                                                                                                                                        |                                                                                                 |                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Please type or print all information in block capital letters using black ink.</i></p> <p><i>Préparez de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire.</i></p> | <p>Ontario Corporation Number<br/>Numéro matricule de la personne<br/>matriculée en Ontario</p> | <p>Date of Incorporation or Amalgamation<br/>Date de constitution ou de fusion</p>                                                                                                                                                                                                              |
|                                                                                                                                                                                                                        | <div style="border: 1px solid black; height: 20px; width: 150px;"></div>                        | <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div> |

THE UNIVERSITY OF CHICAGO

|                                            |  |                               |                            |
|--------------------------------------------|--|-------------------------------|----------------------------|
| Last Name/Nom de famille                   |  | First Name/Prénom             | Middle Name/Prénom prénoms |
| PIRON                                      |  | CAMPION                       |                            |
| Direct Number/Numéro direct                |  | Fax Number/Numéro télécopieur |                            |
| 111                                        |  |                               |                            |
| Street Name/Rue de la rue                  |  |                               |                            |
| HAZELTON AVENUE                            |  |                               |                            |
| Street Name (cont'd)/Rue de la rue (suite) |  |                               |                            |
|                                            |  |                               |                            |
| City/Town/Ville                            |  |                               |                            |
| TORONTO                                    |  |                               |                            |
| Province/State/province, Etat              |  |                               |                            |
| ONTARIO                                    |  | Country/Pays                  | Postal Code/Code postal    |
| CANADA                                     |  | M5R 3H4                       |                            |

Resident Canadian: ☒ YES/ON ☐ NO/NOT *(Resident Canadian applies to directors of business corporations only.)*  
 Résident canadien: ☒ OUI/ON ☐ NON/NOT *(Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions.)*

|                  |            |            |          |                      |            |            |          |
|------------------|------------|------------|----------|----------------------|------------|------------|----------|
| Date Elected     | Year/Month | Month/Week | Day/Year | Date Canceled        | Year/Month | Month/Week | Day/Year |
| Date of Election | 2016       | 04         | 26       | Date of Cancellation |            |            |          |

|                                       | PRESIDENT/PRÉSIDENTE |            |          | SECRETARY/SECRÉTAIRE |            |          | TREASURER/TRÉSORIER |            |          | DIRECTOR GENERAL |            |          | COUNCILMAN/CONSEILLER |            |          |
|---------------------------------------|----------------------|------------|----------|----------------------|------------|----------|---------------------|------------|----------|------------------|------------|----------|-----------------------|------------|----------|
|                                       | Year/Année           | Month/Mois | Day/Jour | Year/Année           | Month/Mois | Day/Jour | Year/Année          | Month/Mois | Day/Jour | Year/Année       | Month/Mois | Day/Jour | Year/Année            | Month/Mois | Day/Jour |
| Date Appointed/<br>Date de nomination |                      |            |          |                      |            |          |                     |            |          |                  |            |          |                       |            |          |
| Date Canceled/<br>Date de cessation   |                      |            |          |                      |            |          |                     |            |          |                  |            |          |                       |            |          |

## Full Name and Address for Service/Name of domestic firm

|                                            |  |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|--------------------------------------------|--|-------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Last Name/Nom de famille                   |  | First Name/Prénom |  | Middle Name/Autre prénom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| FAULKNER                                   |  | TOELLE            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Street Number/Numéro de rue                |  | Suite/Apt/Unit    |  | *CITY/VILLE 3111.210 (processe automatiquement)<br>*RUE/VOIE 3111.210.2 (processe automatiquement)<br>CARRÉ / PARCELLE 3111.210.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 6                                          |  |                   |  | CHIFFRE PARCELLE / PARCELLE 3111.210.4<br>CHIFFRE CARRÉ / PARCELLE 3111.210.5<br>CHIFFRE PARCELLE / PARCELLE 3111.210.6<br>TRACÉ CARRÉ / PARCELLE 3111.210.7<br>VOIE PARCELLE / PARCELLE 3111.210.8<br>PARCELLE PARCELLE / PARCELLE 3111.210.9<br>PARCELLE PARCELLE / PARCELLE 3111.210.10<br>PARCELLE PARCELLE / PARCELLE 3111.210.11<br>PARCELLE PARCELLE / PARCELLE 3111.210.12<br>PARCELLE PARCELLE / PARCELLE 3111.210.13<br>PARCELLE PARCELLE / PARCELLE 3111.210.14<br>PARCELLE PARCELLE / PARCELLE 3111.210.15<br>PARCELLE PARCELLE / PARCELLE 3111.210.16<br>PARCELLE PARCELLE / PARCELLE 3111.210.17<br>PARCELLE PARCELLE / PARCELLE 3111.210.18<br>PARCELLE PARCELLE / PARCELLE 3111.210.19<br>PARCELLE PARCELLE / PARCELLE 3111.210.20<br>PARCELLE PARCELLE / PARCELLE 3111.210.21<br>PARCELLE PARCELLE / PARCELLE 3111.210.22<br>PARCELLE PARCELLE / PARCELLE 3111.210.23<br>PARCELLE PARCELLE / PARCELLE 3111.210.24<br>PARCELLE PARCELLE / PARCELLE 3111.210.25<br>PARCELLE PARCELLE / PARCELLE 3111.210.26<br>PARCELLE PARCELLE / PARCELLE 3111.210.27<br>PARCELLE PARCELLE / PARCELLE 3111.210.28<br>PARCELLE PARCELLE / PARCELLE 3111.210.29<br>PARCELLE PARCELLE / PARCELLE 3111.210.30<br>PARCELLE PARCELLE / PARCELLE 3111.210.31<br>PARCELLE PARCELLE / PARCELLE 3111.210.32<br>PARCELLE PARCELLE / PARCELLE 3111.210.33<br>PARCELLE PARCELLE / PARCELLE 3111.210.34<br>PARCELLE PARCELLE / PARCELLE 3111.210.35<br>PARCELLE PARCELLE / PARCELLE 3111.210.36<br>PARCELLE PARCELLE / PARCELLE 3111.210.37<br>PARCELLE PARCELLE / PARCELLE 3111.210.38<br>PARCELLE PARCELLE / PARCELLE 3111.210.39<br>PARCELLE PARCELLE / PARCELLE 3111.210.40<br>PARCELLE PARCELLE / PARCELLE 3111.210.41<br>PARCELLE PARCELLE / PARCELLE 3111.210.42<br>PARCELLE PARCELLE / PARCELLE 3111.210.43<br>PARCELLE PARCELLE / PARCELLE 3111.210.44<br>PARCELLE PARCELLE / PARCELLE 3111.210.45<br>PARCELLE PARCELLE / PARCELLE 3111.210.46<br>PARCELLE PARCELLE / PARCELLE 3111.210.47<br>PARCELLE PARCELLE / PARCELLE 3111.210.48<br>PARCELLE PARCELLE / PARCELLE 3111.210.49<br>PARCELLE PARCELLE / PARCELLE 3111.210.50<br>PARCELLE PARCELLE / PARCELLE 3111.210.51<br>PARCELLE PARCELLE / PARCELLE 3111.210.52<br>PARCELLE PARCELLE / PARCELLE 3111.210.53<br>PARCELLE PARCELLE / PARCELLE 3111.210.54<br>PARCELLE PARCELLE / PARCELLE 3111.210.55<br>PARCELLE PARCELLE / PARCELLE 3111.210.56<br>PARCELLE PARCELLE / PARCELLE 3111.210.57<br>PARCELLE PARCELLE / PARCELLE 3111.210.58<br>PARCELLE PARCELLE / PARCELLE 3111.210.59<br>PARCELLE PARCELLE / PARCELLE 3111.210.60<br>PARCELLE PARCELLE / PARCELLE 3111.210.61<br>PARCELLE PARCELLE / PARCELLE 3111.210.62<br>PARCELLE PARCELLE / PARCELLE 3111.210.63<br>PARCELLE PARCELLE / PARCELLE 3111.210.64<br>PARCELLE PARCELLE / PARCELLE 3111.210.65<br>PARCELLE PARCELLE / PARCELLE 3111.210.66<br>PARCELLE PARCELLE / PARCELLE 3111.210.67<br>PARCELLE PARCELLE / PARCELLE 3111.210.68<br>PARCELLE PARCELLE / PARCELLE 3111.210.69<br>PARCELLE PARCELLE / PARCELLE 3111.210.70<br>PARCELLE PARCELLE / PARCELLE 3111.210.71<br>PARCELLE PARCELLE / PARCELLE 3111.210.72<br>PARCELLE PARCELLE / PARCELLE 3111.210.73<br>PARCELLE PARCELLE / PARCELLE 3111.210.74<br>PARCELLE PARCELLE / PARCELLE 3111.210.75<br>PARCELLE PARCELLE / PARCELLE 3111.210.76<br>PARCELLE PARCELLE / PARCELLE 3111.210.77<br>PARCELLE PARCELLE / PARCELLE 3111.210.78<br>PARCELLE PARCELLE / PARCELLE 3111.210.79<br>PARCELLE PARCELLE / PARCELLE 3111.210.80<br>PARCELLE PARCELLE / PARCELLE 3111.210.81<br>PARCELLE PARCELLE / PARCELLE 3111.210.82<br>PARCELLE PARCELLE / PARCELLE 3111.210.83<br>PARCELLE PARCELLE / PARCELLE 3111.210.84<br>PARCELLE PARCELLE / PARCELLE 3111.210.85<br>PARCELLE PARCELLE / PARCELLE 3111.210.86<br>PARCELLE PARCELLE / PARCELLE 3111.210.87<br>PARCELLE PARCELLE / PARCELLE 3111.210.88<br>PARCELLE PARCELLE / PARCELLE 3111.210.89<br>PARCELLE PARCELLE / PARCELLE 3111.210.90<br>PARCELLE PARCELLE / PARCELLE 3111.210.91<br>PARCELLE PARCELLE / PARCELLE 3111.210.92<br>PARCELLE PARCELLE / PARCELLE 3111.210.93<br>PARCELLE PARCELLE / PARCELLE 3111.210.94<br>PARCELLE PARCELLE / PARCELLE 3111.210.95<br>PARCELLE PARCELLE / PARCELLE 3111.210.96<br>PARCELLE PARCELLE / PARCELLE 3111.210.97<br>PARCELLE PARCELLE / PARCELLE 3111.210.98<br>PARCELLE PARCELLE / PARCELLE 3111.210.99<br>PARCELLE PARCELLE / PARCELLE 3111.210.100 |  |
| Street Name/Nom de la rue                  |  |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| DENALI TERRACE                             |  |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Street Name (cont'd)/Nom de la rue (suite) |  |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                            |  |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| City/Town/Ville                            |  |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| LONDON                                     |  |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Province, State/Province, État             |  | Country/Pays      |  | Postal Code/Code postal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| ONTARIO                                    |  | CANADA            |  | N6Y 3W2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |

**Public Center** ☒ YES ☐ NO *(Student Center applies to directors of business organizations only)*  
**Public Center** ☐ YES ☒ NO *(Student Center de l'école s'applique aux directeurs de sociétés par actions)*

|                  |           |           |          |                    |           |           |          |
|------------------|-----------|-----------|----------|--------------------|-----------|-----------|----------|
| Date Elected     | Year/Date | Month/Day | Day/Year | Date Connected     | Year/Date | Month/Day | Day/Year |
| Date of Election | 2010      | 04        | 26       | Date of connection |           |           |          |

|                                       | PRESIDENT/PRÉSIDENT |            |          | SECRETARY/SECRÉTAIRE |            |          | TREASURER/TRÉSORIER |            |          | DIRECTOR GENERAL |            |          |
|---------------------------------------|---------------------|------------|----------|----------------------|------------|----------|---------------------|------------|----------|------------------|------------|----------|
|                                       | Year/Année          | Month/Mois | Day/Jour | Year/Année           | Month/Mois | Day/Jour | Year/Année          | Month/Mois | Day/Jour | Year/Année       | Month/Mois | Day/Jour |
| Date Appointed/<br>Date de nomination |                     |            |          |                      |            |          |                     |            |          |                  |            |          |
| Date Resigned/<br>Date de démission   |                     |            |          |                      |            |          |                     |            |          |                  |            |          |
| Date Elected/<br>Date d'élection      |                     |            |          |                      |            |          |                     |            |          |                  |            |          |
| Date Resigned/<br>Date de démission   |                     |            |          |                      |            |          |                     |            |          |                  |            |          |

**Form 1 - Ontario Corporation/Formule 1 - Personnes morales de l'Ontario**  
**Schedule A/Annexe A**

For Ontario Use Only  
 À l'usage du ministère seulement  
 Page(s)/Page(s) : \_\_\_\_\_ of/à \_\_\_\_\_

|                                                                                                                                                                                             |                                                                                                                                                            |                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please type or print all information in block capital letters using block ink.<br>Prière de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire. | Ontario Corporation Number<br>Numéro matricule de la personne morale en Ontario<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Date of Incorporation or Amalgamation<br>Date de constitution ou fusion<br>Year/Année Month/Mois Day/Jour<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS**

Full Name and Address for Service/Nom et domicile élu

|                                                                                                                       |  |                                                                         |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Last Name/Nom de famille<br><b>ROLFE</b>                                                                              |  | First Name/Prénom<br><b>DEARICK</b>                                     | Middle Name/Autres prénoms<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Street Number/Numéro civique Suite/Bureau<br><b>1306</b>                                                              |  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                                                                                       |
| Street Name/Nom de la rue<br><b>LAKEHORE BLVD E.</b>                                                                  |  |                                                                         |                                                                                                       |
| Street Name (cont'd)/Nom de la rue (suite)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |                                                                         |                                                                                                       |
| City/Town/Ville<br><b>TORONTO</b>                                                                                     |  |                                                                         |                                                                                                       |
| Province, State/Province, État<br><b>ONTARIO</b>                                                                      |  | Country/Pays<br><b>CANADA</b>                                           | Postal Code/Code postal<br><b>M4L 6S8</b>                                                             |

**Director Information/Renseignements relatifs aux administrateurs**

|                                         |                                                     |                                   |                                                                                                                                                             |
|-----------------------------------------|-----------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resident Canadian/<br>Résident canadien | <input checked="" type="checkbox"/> YES/OUÍ         | <input type="checkbox"/> NON/ON   | (Resident Canadian applies to directors of business corporations only.)<br>(Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions) |
| Date Elected/<br>Date d'élection        | Year/Année Month/Mois Day/Jour<br><b>2010 04 26</b> | Date Cessed/<br>Date de cessation | Year/Année Month/Mois Day/Jour<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                   |

**Officer Information/Renseignements relatifs aux dirigeants**

| PRESIDENT/PRESIDENT                   |                                                                         | SECRETARY/SECRÉTAIRE                                                    |                                                                         | TREASURER/TRÉSORIER                                                     |                                                                         | GENERAL MANAGER/<br>DIRECTEUR GÉNÉRAL                                   |                                                                         |
|---------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Year/Année                            | Month/Mois Day/Jour                                                     | Year/Année                                                              | Month/Mois Day/Jour                                                     | Year/Année                                                              | Month/Mois Day/Jour                                                     | Year/Année                                                              | Month/Mois Day/Jour                                                     |
| Date Appointed/<br>Date de nomination | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Date Cessed/<br>Date de cessation     | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS**

Full Name and Address for Service/Nom et domicile élu

|                                                                                                                       |  |                                                                         |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Last Name/Nom de famille<br><b>THIND</b>                                                                              |  | First Name/Prénom<br><b>AMANDIEP</b>                                    | Middle Name/Autres prénoms<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Street Number/Numéro civique Suite/Bureau<br><b>31</b>                                                                |  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                                                                                       |
| Street Name/Nom de la rue<br><b>NORTHY DR</b>                                                                         |  |                                                                         |                                                                                                       |
| Street Name (cont'd)/Nom de la rue (suite)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |                                                                         |                                                                                                       |
| City/Town/Ville<br><b>NORTH YORK</b>                                                                                  |  |                                                                         |                                                                                                       |
| Province, State/Province, État<br><b>ONTARIO</b>                                                                      |  | Country/Pays<br><b>CANADA</b>                                           | Postal Code/Code postal<br><b>M2L 2S8</b>                                                             |

**Director Information/Renseignements relatifs aux administrateurs**

|                                         |                                                                                                           |                                   |                                                                                                                                                             |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resident Canadian/<br>Résident canadien | <input checked="" type="checkbox"/> YES/OUÍ                                                               | <input type="checkbox"/> NON/ON   | (Resident Canadian applies to directors of business corporations only.)<br>(Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions) |
| Date Elected/<br>Date d'élection        | Year/Année Month/Mois Day/Jour<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Date Cessed/<br>Date de cessation | Year/Année Month/Mois Day/Jour<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                   |

**Officer Information/Renseignements relatifs aux dirigeants**

| PRESIDENT/PRESIDENT                   |                                                                         | SECRETARY/SECRÉTAIRE                                                    |                                                                         | TREASURER/TRÉSORIER                                                     |                                                                         | GENERAL MANAGER/<br>DIRECTEUR GÉNÉRAL                                   |                                                                         |
|---------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Year/Année                            | Month/Mois Day/Jour                                                     | Year/Année                                                              | Month/Mois Day/Jour                                                     | Year/Année                                                              | Month/Mois Day/Jour                                                     | Year/Année                                                              | Month/Mois Day/Jour                                                     |
| Date Appointed/<br>Date de nomination | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <b>2011 03 15</b>                                                       | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Date Cessed/<br>Date de cessation     | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**OTHER TITLES (Please Specify)**  
**AUTRES TITRES (veuillez préciser)**

|                                                                                        |
|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> CHAIRMAN / PRÉSIDENT DU CONSEIL                               |
| <input type="checkbox"/> VICE-PRESIDENT / VICE-PRÉSIDENT                               |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER / CHIEF FINANCIAL OFFICER             |
| <input type="checkbox"/> CHIEF ACCOUNTING OFFICER / CHIEF ACCOUNTING OFFICER           |
| <input type="checkbox"/> CHIEF INFORMATION OFFICER / CHIEF INFORMATION OFFICER         |
| <input type="checkbox"/> CHIEF COMPLIANCE OFFICER / CHIEF COMPLIANCE OFFICER           |
| <input type="checkbox"/> CHIEF RISK OFFICER / CHIEF RISK OFFICER                       |
| <input type="checkbox"/> CHIEF SECURITY OFFICER / CHIEF SECURITY OFFICER               |
| <input type="checkbox"/> CHIEF ENVIRONMENTAL OFFICER / CHIEF ENVIRONMENTAL OFFICER     |
| <input type="checkbox"/> CHIEF HUMAN RESOURCES OFFICER / CHIEF HUMAN RESOURCES OFFICER |
| <input type="checkbox"/> CHIEF LEGAL OFFICER / CHIEF LEGAL OFFICER                     |
| <input type="checkbox"/> CHIEF OPERATIONS OFFICER / CHIEF OPERATIONS OFFICER           |
| <input type="checkbox"/> CHIEF TECHNOLOGY OFFICER / CHIEF TECHNOLOGY OFFICER           |
| <input type="checkbox"/> CHIEF QUALITY OFFICER / CHIEF QUALITY OFFICER                 |
| <input type="checkbox"/> CHIEF SAFETY OFFICER / CHIEF SAFETY OFFICER                   |
| <input type="checkbox"/> CHIEF SUSTAINABILITY OFFICER / CHIEF SUSTAINABILITY OFFICER   |
| <input type="checkbox"/> CHIEF TRAINING OFFICER / CHIEF TRAINING OFFICER               |
| <input type="checkbox"/> CHIEF WELFARE OFFICER / CHIEF WELFARE OFFICER                 |

**OTHER TITLES (Please Specify)**  
**AUTRES TITRES (veuillez préciser)**

|                                                                                        |
|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> CHAIRMAN / PRÉSIDENT DU CONSEIL                               |
| <input type="checkbox"/> VICE-PRESIDENT / VICE-PRÉSIDENT                               |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER / CHIEF FINANCIAL OFFICER             |
| <input type="checkbox"/> CHIEF ACCOUNTING OFFICER / CHIEF ACCOUNTING OFFICER           |
| <input type="checkbox"/> CHIEF INFORMATION OFFICER / CHIEF INFORMATION OFFICER         |
| <input type="checkbox"/> CHIEF COMPLIANCE OFFICER / CHIEF COMPLIANCE OFFICER           |
| <input type="checkbox"/> CHIEF RISK OFFICER / CHIEF RISK OFFICER                       |
| <input type="checkbox"/> CHIEF SECURITY OFFICER / CHIEF SECURITY OFFICER               |
| <input type="checkbox"/> CHIEF ENVIRONMENTAL OFFICER / CHIEF ENVIRONMENTAL OFFICER     |
| <input type="checkbox"/> CHIEF HUMAN RESOURCES OFFICER / CHIEF HUMAN RESOURCES OFFICER |
| <input type="checkbox"/> CHIEF LEGAL OFFICER / CHIEF LEGAL OFFICER                     |
| <input type="checkbox"/> CHIEF OPERATIONS OFFICER / CHIEF OPERATIONS OFFICER           |
| <input type="checkbox"/> CHIEF TECHNOLOGY OFFICER / CHIEF TECHNOLOGY OFFICER           |
| <input type="checkbox"/> CHIEF QUALITY OFFICER / CHIEF QUALITY OFFICER                 |
| <input type="checkbox"/> CHIEF SAFETY OFFICER / CHIEF SAFETY OFFICER                   |
| <input type="checkbox"/> CHIEF SUSTAINABILITY OFFICER / CHIEF SUSTAINABILITY OFFICER   |
| <input type="checkbox"/> CHIEF TRAINING OFFICER / CHIEF TRAINING OFFICER               |
| <input type="checkbox"/> CHIEF WELFARE OFFICER / CHIEF WELFARE OFFICER                 |