

Office of the Superintendent of Bankruptcy Canada An Agency of Industry Canada

Bureau du surintendant des faillites Canada Un organis me d'industrie Canada

- ESTATE INFORMATION SUMMARY-

I. COMPLETE THE FOLLOWING IN ALL CA	SES						· · · · · · · · · · · · · · · · · · ·					
PROCEEDING: X Assignment	Receivership	Bankruptcy (Order P	roposal	Individual	X Corporati	poration					
Estate Name Waterford Wedgwood Canada Inc.	Occupati	on		Language	English							
· · · · · · · · · · · · · · · · · · ·			-			x English	French Other Specify					
Ind. Date D M Y Previous or curre of Birth	If yes, er	iter estate number(s)	Indicate if previous bank	· · ·	dicate if receivership DMY							
Address (Street No. and Apt No.) 20 West Beaver Creek Road												
City Richmond Hill	Province ON	Postal Co	de L4B 3L6	Home Telephone no.		Work Telephone no.						
	of the total debt is Business	The debtor reside carried on busine above address s	ess at the	D M Y 01-01-1990								
II - COMPLETE THE FOLLOWING IF THE DEBTOR HAS GUARANTEED THE DEBTS OF ANOTHER PERSON												
III - COMPLETE THE FOLLOWING IF THE D	EBTOR WAS P	REVIOUSLY OR	IS PRESENT	LY IN BUSINESS			□N/A					
Trade name(s) if different from the estate name	Place of Busine	ess		Nature of Business		Corporation, partnership or sole proprietorship						
IV - COMPLETE THE FOLLOWING IF THE DEBTOR IS A CORPORATION												
Are the shares of the corporation publicly trade	ХNо	Federal Charter Nun		X No								
Names of the corporate officers Harijit Singh												
Name of person to be examined Harjit Singh Title President Phone Number ()												
Address 20 West Beaver Creek Road												
City Richmond Hill Province	Postal Code	L4B 3L6	Language X Er	English French Other specify								
V - TO BE COMPLETED WHEN FILING A CONSUMER PROPOSAL OR AMENDED CONSUMER PROPOSAL X N/A												
VI - TO BE COMPLETED AND SIGNED BY T	HE TRUSTEE II	N ALL CASES										
Creditors Meeting Suggested Time & Place												
Examination Requested Yes X	No Commen	its ►		Toronto ON M5J 1\								
TRUSTEE APPOINTMENT Deloitte & Touche Inc., Huey Lee, 3099 Name & Licence number of the trustee or, if a Corporate Trustee, the name & Licence number of the person responsible for the administration of the estate.												
A possible conflict of interest situation exists:		License Number 3099										
Indemnification:	X N/A	Deposit	Guarante Name of	e depositor or guarantor			Post bankruptcy tax refund assigned to trustee X Yes No					
Amount or extent of indemnity > \$ 0.00				ent when file submitted mmary to follow	<u> </u>	VIIIO TIM						



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x Original	Amendment
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VII - OFFICIAL RECEIVER US	SE ONLY																						H			
NOTE: Quote this number in a	all future co No. >	rrespond	lence				L		<u> </u>		1	nistration Summary]Or	dinar	- 1	Date fili	e of ing	 	, 	M		, 1	Туре	;	
Industry District Division	Co	ourt No.	l 1			1	1			1	1	ice No. of As above		ointe	d Tru:		_	er>>					 	Res	p. O. R	
Assets			Liabili	ties				L		Sec	curity				<u> </u>	1	- 				·I			L		L
Creditor's Meeting [Date	D	М	Y	Time	L				Loca	ation					•			Cha	airpe	erson	R.		1	rustee	 -
Debtor Examination ☐ ☐No ☐ Yes	Date [)	м 	Y	Time	<u></u>				Loca	ation															
Official Receiver Comments												Note to] B		Е	_ c	Dat	ta Pr	rocess	ing i	Initials	S		
												Officia Recive Initials	ers						Doc	cume	ent Pro	oduc	tion I	Initials	:	