

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

ent Bureau du surintendant des faillites Canada Un organisme d'Industrie Canada

- ESTATE INFORMATION SUMMARY-

I. COMPLETE THE FOLLOWING IN ALL CASES						· · · · · · · · · · · · · · · · · · ·
PROCEEDING: X Assignment Receivership Bankruptcy Order Proposal Individual X Corporation						
Estate Name		Occupation			Language	English
Royal Doulton Canada Limited					x English	French Other Specify
Ind. Date D M Y Previous or current BIA proceedin of Birth	· <u>-</u>	If yes, enter	estate number(s)	Indicate if previous ba	ankruptcy Indicat	te if receivership DMY es XNo
Address (Street No. and Apt No.) 305 Milner Road, Suite 700						
City Toronto	Province ON	Postal Code M1I	B 3V4	Home Telephone no.		Work Telephone no.
Consumer debts only? Yes X No 100.00 % of the total debt is Business at the above address since: The debtor resides or has D M Y carried on business at the above address since:						
II - COMPLETE THE FOLLOWING IF THE DEBTOR HAS GUARANTEED THE DEBTS OF ANOTHER PERSON						
III - COMPLETE THE FOLLOWING IF THE DEBTOR WAS PREVIOUSLY OR IS PRESENTLY IN BUSINESS						
Trade name(s) if different from the estate name Place of Business		S		Nature of Business		Corporation, partnership or sole proprietorship
				·- <u></u>		4
IV - COMPLETE THE FOLLOWING IF THE DEBTOR IS A CORPORATION						
Are the shares of the corporation publicly traded? Yes ▼No Federal Charter Number Yes Yes					X No	
Names of the corporate officers Don Stubbs						
Name of person to be examined Don Stubbs Title Vice-President Phone Number (416) 430-6900						
Address 305 Milner Road, Suite 700						
City Toronto Province ON	Po	ostal Code M	M1B 3V4	Language X	English Frenc	h Other specify
V - TO BE COMPLETED WHEN FILING A CONSUMER PROPOSAL OR AMENDED CONSUMER PROPOSAL						
VI - TO BE COMPLETED AND SIGNED BY THE TRUSTEE IN ALL CASES						
Creditors Meeting D M Y Time Location Deloitte & Touche Inc.						
Suggested Time & Place 17-04-2009 11:00AM 181 Bay Street Toronto ON M5J 2V1						
Examination Requested						
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:	X No 🕨					License Number 3099
Indemnification: N/A	Deposit	Guarantee Name of depo	ositor or guarantor			Post bankruptcy tax refund assigned to trustee
Amount or extent of indemnity > \$ 0.00		rustee absent w mended summa	vhen file submitted ary to follow	Signature of Trustee	>	



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- ESTATE INFORMATION SUMMARY-

x Original	Amendment
Oliginal	Amendment

Continued	
VII - OFFICIAL RECEIVER USE ONLY	
NOTE: Quote this number in all future correspondence No. >	Administration Date of D M Y Type Summary Ordinary filing
Industry District Division Court No.	Licence No. of appointed Trustee Resp. O. R. As above Other>>
	ecurity
Creditor's Meeting Date D M Y Time Loc ☐As above ☐ Or	Chairperson O. R. Trustee
Debtor Examination Date D M Y Time Loc ☐No ☐Yes	cation
Official Receiver Comments	Note to file Data Processing Initials
	Official Document Production Initials Initials