



**- ESTATE INFORMATION SUMMARY -**

<b>I. COMPLETE THE FOLLOWING IN ALL CASES</b>					
PROCEEDING: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Receivership <input type="checkbox"/> Bankruptcy Order <input type="checkbox"/> Proposal			<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation		
Estate Name Royal Doulton Canada Limited		Occupation		Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other Specify	
Ind. Date of Birth D M Y	Previous or current BIA proceeding or petition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, enter estate number(s)	Indicate if previous bankruptcy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indicate if receivership <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (Street No. and Apt No.) 305 Milner Road, Suite 700					
City Toronto		Province ON	Postal Code M1B 3V4	Home Telephone no. ( ) - -	Work Telephone no. ( ) - -
Consumer debts only? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.00 % of the total debt is Business		The debtor resides or has carried on business at the above address since: D M Y 01-01-1990	

**II - COMPLETE THE FOLLOWING IF THE DEBTOR HAS GUARANTEED THE DEBTS OF ANOTHER PERSON**  N/A

**III - COMPLETE THE FOLLOWING IF THE DEBTOR WAS PREVIOUSLY OR IS PRESENTLY IN BUSINESS**  N/A

Trade name(s) if different from the estate name	Place of Business	Nature of Business	Corporation, partnership or sole proprietorship

**IV - COMPLETE THE FOLLOWING IF THE DEBTOR IS A CORPORATION**  N/A

Are the shares of the corporation publicly traded?  Yes  No Federal Charter Number  Yes  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 Postal Code M1B 3V4 Language  English  French  Other specify

**V - TO BE COMPLETED WHEN FILING A CONSUMER PROPOSAL OR AMENDED CONSUMER PROPOSAL**  N/A

**VI - TO BE COMPLETED AND SIGNED BY THE TRUSTEE IN ALL CASES**

Creditors Meeting Suggested Time & Place D M Y 17-04-2009 Time 11:00AM Location Deloitte & Touche Inc. 181 Bay Street Toronto ON M5J 2V1

Examination Requested  Yes  No Comments

TRUSTEE APPOINTMENT 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. Deloitte & Touche Inc., Huey Lee, 3099

A possible conflict of interest situation exists:  Yes  No License Number 3099

Indemnification:  N/A  Deposit  Guarantee Name of depositor or guarantor Post bankruptcy tax refund assigned to trustee  Yes  No

Amount or extent of indemnity \$ 0.00  Trustee absent when file submitted Amended summary to follow Signature of Trustee

