

## 1. Claim information

- |   |  |
|---|--|
| 1. Are any of the plaintiffs the subject of a vexatious litigant order, meaning they are not allowed to start a claim or action without the court's permission? | No   |
| 2. Is the action being started under the <i>Class Proceedings Act, 1992</i> ?   | Yes  |
| 3. Selected court   | Sault Ste. Marie<br>Superior Court of Justice<br>426 Queen St E Sault Ste. Marie O<br>N P6A6W2 |
| 4. Type of claim  | Trusts, fiduciary duty   |
| 5. Claim amount   | \$33,000,000,000.00  |
| 6. Is this action proceeding under Rule 76 Simplified Procedure?  | No   |
| 7. Email address  | mlepore@hotmail.com  |

## 2. Plaintiff information

- |                              |  |
|------------------------------|--|
| 1. You are:                  | an individual representing myself in a court proceeding      |
| 2. Plaintiff details         |  |
| Plaintiff (1 of 2)           |  |
| a. The plaintiff is:         | An individual  |
| b. Plaintiff name            |  |
| Last name                    | LEPORE   |
| First name                   | MARK   |
| c. Plaintiff alias           | No   |
| d. Plaintiff contact details |  |
| Address                      | 636 SHAFER AVENUE<br>SAULT STE MARIE, ON<br>P6C3R9<br>CANADA |
| Phone number                 | (705) 989-4745   |
| Extension                    |  |
| Fax number                   |  |
| Email address                | mlepore@hotmail.com  |

**Plaintiff (2 of 2)**

**a. The plaintiff is:**

A business or organization

**b. Plaintiff name**

**Name of business or organization**

MISSION IGNTIION SYSTEMS LTD

**c. Plaintiff alias**

No

**d. Plaintiff contact details**

**Address**

636 SHAFER AVENUE

SAULT STE MARIE, ON

P6C3R9

CANADA

**Phone number**

(519) 341-4125

**Extension**

**Fax number**

**Email address**

**3. Defendant information**

**1. Defendant details**

**Defendant (1 of 12)**

**a. The defendant is:**

An estate trustee of the estate of a deceased person or a trustee of a trust

**b. Defendant name**

**Defendant name**

GEORGETOWN TRUST

**c. Defendant alias**

No

**d. Defendant contact details**

**Address**

Georgetown Trust, Ltd

P.O. Box 159, Caye Financial Centre, 3rd. Floor

San Pedro Town, Ambergris Caye

BELIZE

**Phone number**

(501) 226-4802

**Extension**

**Fax number**

**Email address**

joel.nagel@ecidevelopment.com

**Defendant (2 of 12)**

**a. The defendant is:** A business or organization  
**b. Defendant name**  
Name of business or organization ECI DEVELOPMENTS (ECI)  
**c. Defendant alias** No  
**d. Defendant contact details**  
Address 251 Little Falls Drive  
Wilmington, DELAWARE  
19808  
USA  
Phone number (800) 290-3028  
Extension  
Fax number  
Email address mike.cobb@ecidevelopment.com

**Defendant (3 of 12)**

**a. The defendant is:** A business or organization  
**b. Defendant name**  
Name of business or organization CANADA REVENUE AGENCY (CR A)  
**c. Defendant alias** No  
**d. Defendant contact details**  
Address 333 Laurier Avenue W  
Ottawa, ON  
K1A0L9  
CANADA  
Phone number (800) 959-8281  
Extension  
Fax number  
Email address

**Defendant (4 of 12)**

**a. The defendant is:** A business or organization  
**b. Defendant name**  
Name of business or organization SAULT STE MARIE POLICE SERVICES (SSMPS)  
**c. Defendant alias** No  
**d. Defendant contact details**  
Address 580 Second Line E

SAULT STE MARIE, ON  
P6B4K1  
CANADA  
(705) 759-7349

**Phone number**

**Extension**

**Fax number**

**Email address**

**Defendant (5 of 12)**

**a. The defendant is:**

A business or organization

**b. Defendant name**

**Name of business or organization**

ROTARY CLUB (ROTARY)

**c. Defendant alias**

No

**d. Defendant contact details**

**Address**

364 Queen Street East,  
SAULT STE MARIE, ON  
P6A1Z1  
CANADA

**Phone number**

(705) 945-1279

**Extension**

**Fax number**

**Email address**

info@rotarysault.com

**Defendant (6 of 12)**

**a. The defendant is:**

A business or organization

**b. Defendant name**

**Name of business or organization**

FINTRAC

**c. Defendant alias**

No

**d. Defendant contact details**

**Address**

234 Laurier Avenue W  
OTTAWA, ON  
K1P1H7  
CANADA

**Phone number**

**Extension**

**Fax number**

**Email address**

**Defendant (7 of 12)**

- a. The defendant is: A business or organization
- b. Defendant name  
Name of business or organization ONTARIO SECURITIES COMMISSION (OSC)
- c. Defendant alias No
- d. Defendant contact details  
Address 20 Queen Street W  
SAULT STE MARIE, ON  
M5H3R3  
CANADA
- Phone number  
Extension  
Fax number  
Email address whistleblower@osc.gov.on.ca

**Defendant (8 of 12)**

- a. The defendant is: A business or organization
- b. Defendant name  
Name of business or organization ROYAL CANADIAN MOUNTED POLICE (RCMP)
- c. Defendant alias No
- d. Defendant contact details  
Address 73 Leikin Drive  
OTTAWA, ON  
K1A0R2  
CANADA  
(613) 843-5999
- Phone number  
Extension  
Fax number  
Email address

**Defendant (9 of 12)**

- a. The defendant is: A business or organization
- b. Defendant name  
Name of business or organization CHAMBER OF COMMERCE (SSMCC)
- c. Defendant alias No

**d. Defendant contact details**

**Address**

390 Bay Street  
Suite 400  
SAULT STE MARIE, ON  
P6A1X2  
CANADA

**Phone number**

(705) 949-7152

**Extension**

**Fax number**

**Email address**

info@ssmcoc.com

**Defendant (10 of 12)**

**a. The defendant is:**

A business or organization

**b. Defendant name**

**Name of business or organization**

NDP

**c. Defendant alias**

No

**d. Defendant contact details**

**Address**

153 Great Northern Rd  
SAULT STE MARIE, ON  
P6B4Y9  
CANADA

**Phone number**

(705) 989-9050

**Extension**

**Fax number**

**Email address**

SSM.OntarioNDP@gmail.com

**Defendant (11 of 12)**

**a. The defendant is:**

A business or organization

**b. Defendant name**

**Name of business or organization**

SIERRA NEVADA CORPORATION  
(SNC)

**c. Defendant alias**

No

**d. Defendant contact details**

**Address**

444 Solomon Circle  
Sparks, Nevada  
89434  
USA

Phone number

(303) 530-1925

Extension

Fax number

Email address

**Defendant (12 of 12)**

a. The defendant is:

A business or organization

b. Defendant name

Name of business or organization

CANADA POST

c. Defendant alias

No

d. Defendant contact details

Address

2701 Riverside Drive

OTTAWA, ON

K1A0B1

CANADA

Phone number

(866) 607-6301

Extension

Fax number

Email address

**4. Uploaded Documents**

1. Is a bilingual proceeding required?

No

2. Upload documents

- Statement of Claim or Notice of Action

Statement of Claim - Class Proceedings Act

TRUST FRAUD LAW FRAMEWORK SCHEME LAWSUIT.pdf

- Additional documents

**5. Fee**

Court fee(s) to be paid:

- Statement of Claim - Class Proceedings Act

\$243.00

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Total fee(s) to be paid:

\$243.00