# **RSM**: Richter Inc.

January 15, 2010

RSM Richter Inc. 2, Place Alexis Nihon Montréal (Québec) H3Z 3C2 Téléphone : 1.866.869.9679 Télécopieur : 514.934.8603 www.rsmrichter.com

**TO:** All Creditors of the Norshield Companies (as defined below)

Dear Madam or Sir:

Re: Ontario Securities Commission v. Gestion de Placements Norshield (Canada) Ltée/Norshield Asset Management (Canada) Ltd., Norshield Investment Partners Holdings Ltd./Gestion de Partenaires d'Investissement Norshield Ltée, Olympus United Funds Holdings Corporation, Olympus United Funds Corporation/Corporation de Fonds Unis Olympus, Olympus United Bank and Trust SCC, Groupe Olympus United Inc./Olympus United Group Inc., Honeybee Software Technologies Inc./Technologies de Logiciels Honeybee Inc. (formerly Norshield Investment Corporation/Corporation d'Investissement Norshield), and Norshield Capital Management Corporation/Corporation Gestion de l'Actif Norshield (together the "Norshield Companies") Court File No.: 05-CL-5965

## NOTICE: This document contains very important information which requires your immediate attention.

The undersigned, RSM Richter Inc. (the "**Receiver**"), is the Court-appointed Receiver of the Norshield Companies pursuant to Orders rendered by the Ontario Superior Court of Justice (Commercial List) in the above-noted proceeding (the "**Receivership Proceeding**"). By judgment of the Quebec Superior Court (Commercial Division), the Receivership was recognized and declared enforceable in the Province of Quebec. The present documentation is delivered to you pursuant to the order of the Honourable Mr. Justice Campbell of the Ontario Superior Court of Justice (Commercial List) dated January 5, 2010 (the "Claims Process Order") to permit the Receiver to establish the identity of all creditors and the details of all claims against the Norshield Companies. Please note that, in accordance with the Claims Process Order, creditors of Olympus United Bank and Trust SCC are not required to prove a claim in the Receivership Proceeding. Claims against Olympus United Bank and Trust SCC will be addressed under a separate claims process administered pursuant to the laws of Barbados.

RSM Richter Inc. est un cabinet indépendant membre de RSM International, association de cabinets indépendants d'expertise comptable et de services conseils. RSM Richter Inc. is an independent member firm of RSM International, an affiliation of independent accounting and consulting firms.

We enclose herewith a Proof of Claim form (the "**Proof of Claim**"). Pursuant to the Claims Process Order, you are required to complete and return the Proof of Claim to the Receiver <u>on or</u> <u>before March 31, 2010</u>, failing which your claim against the Norshield Companies will be forever barred, released and extinguished, subject to further order of the Court.

If the Receiver disputes, in whole or in part, your completed Proof of Claim, the Receiver shall send to you a Notice of Disallowance indicating the reasons for such dispute prior to distributing any funds to you or to other creditors of the Norshield Companies.

If you have any questions regarding the completion of the Proof of Claim form, please contact the Receiver as follows:

#### **RSM Richter Inc.**

Receiver of the Norshield Companies

Tel. No.:	1-866-869-9679
Fax No.:	514-934-8603
E-mail:	Norshield@rsmrichter.com

We thank you in advance for your timely cooperation in this matter.

Yours very truly,

RSIT Richter Inc.

RSM Richter Inc. solely in its capacity as the Court-appointed Receiver of the Norshield Companies, and without personal or corporate liability

# **RSM**: Richter Inc.

RSM Richter Inc. 2, Place Alexis Nihon Montréal (Québec) H3Z 3C2

RSM Richter Inc., solely in its capacity as the Court-appointed Receiver of the Norshield Companies, and without personal or corporate liability Telephone: 1-866-869-9679 Telecopier: 514-934-8603 Email: Norshield@rsmrichter.com

Court File No. 05-CL-5965

#### ONTARIO SUPERIOR COURT OF JUSTICE (COMMERCIAL LIST)

#### **BETWEEN:**

#### **ONTARIO SECURITIES COMMISSION**

and

#### GESTION DE PLACEMENTS NORSHIELD (CANADA) LTÉE/NORSHIELD ASSET MANAGEMENT (CANADA) LTD., NORSHIELD INVESTMENT PARTNERS HOLDINGS LTD./GESTION DES PARTENAIRES D'INVESTISSEMENT NORSHIELD LTÉE, OLYMPUS UNITED FUNDS HOLDINGS CORPORATION, OLYMPUS UNITED FUNDS CORPORATION/CORPORATION DE FONDS UNIS OLYMPUS, OLYMPUS UNITED BANK AND TRUST SCC, GROUPE OLYMPUS UNITED INC./OLYMPUS UNITED GROUP INC., HONEYBEE SOFTWARE TECHNOLOGIES INC./TECHNOLOGIES DE LOGICIELS HONEYBEE INC. (FORMERLY NORSHIELD INVESTMENT CORPORATION/CORPORATION D'INVESTISSEMENT NORSHIELD), AND NORSHIELD CAPITAL MANAGEMENT CORPORATION/CORPORATION GESTION DE L'ACTIF NORSHIELD

### **PROOF OF CLAIM**

#### I. DESCRIPTION OF DEBTOR, CLAIMANT AND NATURE OF CLAIM

Name of entity against which claim is being made: (*Check appropriate box in following list. If claims are being made against more than one entity, use a separate Proof of Claim form for each entity.*)

- Olympus United Funds Corporation/Corporation de Fonds Unis Olympus
- Gestion de Placements Norshield (Canada) Ltée/Norshield Asset Management (Canada) Ltd.
- D Norshield Investment Partners Holdings Ltd./Gestion des Partenaires d'Investissement Norshield Ltée
- Olympus United Funds Holdings Corporation
- □ Groupe Olympus United Inc./Olympus United Group Inc.
- Honeybee Software Technologies Inc./Technologies de Logiciels Honeybee Inc. (formerly Norshield Investment Corporation/Corporation d'Investissement Norshield)
- D Norshield Capital Management Corporation/Corporation Gestion de l'Actif Norshield

#### (hereinafter the "**Debtor**")

·	on asserting a claim e " <b>Claimant</b> ")	against the Debtor: _			
Individual:	Corporation: $\Box$	Other: □	Specify:		
If individual, 0	Claimant's Social In	surance Number:			
If corporation,	Business Identifica	tion Number:			
Address of Cla	aimant:				
Telephone nur	nber of Claimant:				
E-mail address	s of Claimant:				
Fax number of	f Claimant:				
I,		, of			, do hereby certify:
	(Name)		(City and pro	ovince)	-
1. That I am	a Claimant of the D	ebtor			
or that I a			of		
a Claiman	t of the Debtor.	(State position or	title)	(Nan	ne of Claimant)

2. That I have knowledge of all the circumstances connected with the claim referred to in this form.

3. (*Check and complete appropriate category*)

- That, as at June 29, 2005 (or, September 9, 2005 with respect to Honeybee Software Technologies Logiciels Inc./Technologies de Honeybee Inc. (formerly Norshield Investment Corporation/Corporation d'Investissement Norshield) and Norshield Capital Management Corporation/Corporation Gestion de l'Actif Norshield), the Claimant had and still has an unsecured **claim** against the Debtor in the sum of CAD\$ , as shown by the statement (or affidavit or solemn declaration) attached hereto and marked Annex "A", after deducting any counterclaims to which the Debtor may be entitled. (The attached statement, affidavit or solemn declaration must specify and attach the evidence in support of the claim.) (Give full particulars of the *claim with all necessary supporting documentation.*) -or-
- That, as at June 29, 2005 (or, September 9, 2005 with respect to Honeybee Software Technologies Inc./Technologies de Logiciels Honevbee Inc. (formerly Norshield Investment Corporation/Corporation d'Investissement Norshield) and Norshield Capital Management Corporation/Corporation Gestion de l'Actif Norshield), the Claimant had and still has a secured **claim** against the Debtor in the sum of CAD\$ \_\_\_\_, as shown by the statement (or affidavit or solemn declaration) attached hereto and marked Annex "A", after deducting any counterclaims to which the Debtor may be entitled. (The attached statement, affidavit or solemn declaration must specify and attach the evidence in support of the claim and the security held in respect of the claim, including copies of all security.) (Give full particulars of the claim and security with all necessary supporting documentation.)

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- That to the best of my knowledge and belief, I am (or the above-named Claimant is) related to the Debtor within the meaning of section 4 of the Bankruptcy and Insolvency Act. -or-
- □ That to the best of my knowledge and belief, I am not (*or* the above-named Claimant is not) related to the Debtor within the meaning of section 4 of the *Bankruptcy and Insolvency Act*.

### II. ATTESTATION

I hereby attest that, to the best of my knowledge, the information in this document is and any and all annexes hereto are truthful and accurate in all material respects.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

(Signature of Claimant)

(Signature of witness)

(Name of Claimant in block letters)

(Name of witness in block letters)

(Address of witness in block letters