

1.) CORPORATION NAME:

**Livingston International Technology Services Corporation**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1263617**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 45025 AVIATION DRIVE  
STE 200

CITY/ST/ZIP: DULLES, VA 20166

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT ANDRU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	405 THE WEST MALL, SUITE 400		
CITY/ST/ZIP/CO:	TORONTO ON M9C 5K7,CANADA , , FN		

NAME:	MATTHEW GOODMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	20700 CIVIC CENTER DRIVE		
CITY/ST/ZIP/CO:	FLOOR 05 SOUTHFIELD, MI 48076-4140		

NAME:	BRIAN D. HENDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	45025 AVIATION DRIVE		
CITY/ST/ZIP/CO:	STE 200 DULLES, VA 20166		

NAME:	JOE JOSEPH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	405 THE WEST MALL, SUITE 400		
CITY/ST/ZIP/CO:	TORONTO ON M9C 5K7,CANADA , , FN		

NAME:	RICHARD KAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	405 THE WEST MALL, SUITE 400		
CITY/ST/ZIP/CO:	TORONTO ON M9C 5K7,CANADA , , FN		

NAME: CHRISTOPHER MCMULLEN TITLE: CFO ADDRESS: 405 THE WEST MALL, SUITE 400 TORONTO ON M9C 5K7,CANADA CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN P. CLANCEY TITLE: DIRECTOR ADDRESS: 4201 CONGRESS STREET, SUITE 120 CITY/ST/ZIP/CO: CHARLOTTE, NC 28209	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TODD J. MILLER TITLE: DIRECTOR ADDRESS: 401 N. MICHIGAN AVE., 33RD FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60611	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN C. PRESTON TITLE: DIRECTOR ADDRESS: 150 PIERCE ROAD SUITE 500 CITY/ST/ZIP/CO: ITASCA, IL 60143-1222	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN C. PRESTON TITLE: CEO ADDRESS: 150 PIERCE ROAD SUITE 500 CITY/ST/ZIP/CO: ITASCA, IL 60143-1222	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SAJIDA MEHDI TITLE: ASST SECRETARY ADDRESS: 405 THE WEST MALL, SUITE 400 CITY/ST/ZIP/CO: Toronto, ON M9C 5K7, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ SAJIDA MEHDI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAJIDA MEHDI, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
5/13/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	