

1.) CORPORATION NAME:

Garda CL Atlantic, Inc.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1293051**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4200 GOV PRINTZ BLVD

CITY/ST/ZIP: WILMINGTON, DE 19802

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: LORI A BROWN TITLE: CHIEF LEGAL OFF ADDRESS: 700 SO FEDERAL HWY #300 CITY/ST/ZIP/CO: BOCA RATON, FL 33432	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN CRETIER TITLE: CHRNM OF BD ADDRESS: 1390 RUE BARRE ST CITY/ST/ZIP/CO: MONTREAL, QUEBEC, H3C 1, CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER JAMROZ TITLE: CEO ADDRESS: 1390 RUE BARRE ST CITY/ST/ZIP/CO: MONTREAL, QUEBEC, H3C 1, CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PIERRE-HUBERT SEGUIN TITLE: ASST SECRETARY ADDRESS: 3030 BOUL, LE CARREFOUR, STE 1002 CITY/ST/ZIP/CO: LAVAL, QUEBEC, H7T 2, CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRENT A WEGNER TITLE: SECRETARY ADDRESS: 10467 WHITE GRANITE DR, STE 210 CITY/ST/ZIP/CO: OAKTON, VA 22124	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN CRETIER TITLE: DIRECTOR ADDRESS: 1390 RUE BARRE ST CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES E RABIE TITLE: DIRECTOR ADDRESS: 89 LEXINGTON AVE CITY/ST/ZIP/CO: NEEDHAM, MA 02349	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Carl Gauvreau TITLE: TREASURER ADDRESS: 700 So Federal Hwy Ste 300 CITY/ST/ZIP/CO: Boca Raton, FL 33432	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Vincent Modarelli TITLE: VP NW Region ADDRESS: 700 So Federal Hwy Ste 300 CITY/ST/ZIP/CO: Boca Raton, FL 33432	<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/ Carl Gauvreau	Carl Gauvreau, TREASURER	5/31/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		