

1.) CORPORATION NAME:

ALDO U.S. INC.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1356874**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2300 EMILE BELANGER
ST-LAURENT QC H4R3J4

CITY/ST/ZIP: ST-LAURENT, Canada

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	REJEAN DIONNE	
TITLE:	CEO	
ADDRESS:	2300 EMILE BELANGER	
CITY/ST/ZIP/CO:	ST-LAURENT, QC H4R3J4, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DIANNE BIBEAU	
TITLE:	VP/STR INIT	
ADDRESS:	2300 EMILE BELANGER	
CITY/ST/ZIP/CO:	ST-LAURENT, QC H4R3J4, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NORMAN JASKOLKA	
TITLE:	PRESIDENT A/INT	
ADDRESS:	2300 EMILE BELANGER	
CITY/ST/ZIP/CO:	ST-LAURENT, QC H4R3J4, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT RAVEN	
TITLE:	VP FIN/T/ASST S	
ADDRESS:	2300 EMILE-BELANGER	
CITY/ST/ZIP/CO:	ST-LAURENT, QC H4R3J4, CA	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALDO BENSADOUN	
TITLE:	Exec. Chairman	
ADDRESS:	2300 EMILE-BELANGER	
CITY/ST/ZIP/CO:	ST-LAURENT, QC H4R3J4, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FRANCOIS JOBIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	2300 EMILE-BELANGER	
CITY/ST/ZIP/CO:	ST-LAURENT, QC H4R3J4, CA	

NAME: MARIE-ANDREE BOUTIN TITLE: VICE PRESIDENT ADDRESS: 2300 EMILE-BELANGER CITY/ST/ZIP/CO: ST-LAURENT, QC H4R3J4, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ALAIN CHARRON TITLE: VICE PRESIDENT ADDRESS: 2300 EMILE-BELANGER CITY/ST/ZIP/CO: ST-LAURENT, QC H4R3J4, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEAN-PIERRE GENEUREUX TITLE: VICE PRESIDENT ADDRESS: 2300 EMILE-BELANGER CITY/ST/ZIP/CO: ST-LAURENT, QC H4R3J4, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PETER MENDELL TITLE: SECRETARY ADDRESS: 1501, avenue McGill College, 26e etage CITY/ST/ZIP/CO: MONTREAL, QC H3A 3N9, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ISABELLE POIRIER TITLE: ASST SECRETARY ADDRESS: 2300 EMILE-BELANGER CITY/ST/ZIP/CO: ST-LAURENT, QC H4R 3J4, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ALDO BENSADOUN TITLE: DIRECTOR ADDRESS: 2300 EMILE-BELANGER CITY/ST/ZIP/CO: ST-LAURENT, QC H4R 3J4, CA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN LEVIN TITLE: DIRECTOR ADDRESS: 625 MADISON AVENUE 12TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARC A. BERGER TITLE: DIRECTOR ADDRESS: 625 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORT, NY 10022	<input type="checkbox"/> OFFICER <input checked="" 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/ ROBERT RAVEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT RAVEN, VP FIN/T/ASST S PRINTED NAME AND CORPORATE TITLE
9/28/2012 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.	