

1.) CORPORATION NAME:

**CENTURY DISTRIBUTION SYSTEMS, INCORPORATED**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARK T GORMAN  
8730 STONY POINT PKWY STE 320  
RICHMOND, VA**

SCC ID NO: **F1708454**

5.) STOCK INFORMATION

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

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8730 STONY POINT PARKWAY  
SUITE 320

CITY/ST/ZIP: RICHMOND, VA 23235

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:	MARK T GORMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CENTURY DIV		
ADDRESS:	CENTURY DISTRIBUTION SYSTEMS		
CITY/ST/ZIP/CO:	8730 STONY POINT PKWY STE 320 RICHMOND, VA 23235		
NAME:	TOSHIYUKI SUZUKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	8730 STONY POINT PARKWAY		
CITY/ST/ZIP/CO:	SUITE 320 RICHMOND, VA 23235		
NAME:	JAMES J MCCULLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP-CENTURY DIVI		
ADDRESS:	8730 STONY POINT PKWY		
CITY/ST/ZIP/CO:	STE 320 RICHMOND, VA 23235		
NAME:	WILLIAM J MCGOUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP SALES		
ADDRESS:	8730 STONY POINT PARKWAY		
CITY/ST/ZIP/CO:	SUITE 320 RICHMOND, VA 23235		
NAME:	RICHARD A. FERGUSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	CENTURY DISTRIBUTION SYSTEMS, INC		
CITY/ST/ZIP/CO:	2850 EAST DEL AMO BLVD CARSON, CA 90810		

NAME: JOANNE AITCHISON TITLE: DIRCT-ADMINISTR ADDRESS: 485-E ROUTE 1 SOUTH CITY/ST/ZIP/CO: STE 100 ISELIN, NJ 08830	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Timothy T. Craig TITLE: VP-Domestic-Exp ADDRESS: 8730 Stony Point Parkway CITY/ST/ZIP/CO: Suite 320 Richmond, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ JOANNE AITCHISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOANNE AITCHISON, DIRCT- ADMINISTR PRINTED NAME AND CORPORATE TITLE	4/19/2013 DATE
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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.