

|  |   |       |            |        |            |
|--|---|-------|------------|--------|------------|
| 1.) CORPORATION NAME:<br><b>Case Atlantic Company</b>  | DUE DATE: <b>8/31/2012</b>  |       |            |        |            |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX RD STE 301<br/>GLEN ALLEN, VA 23060-6802</b> | SCC ID NO: <b>F1762899</b>  |       |            |        |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 10,000,000 |
| CLASS  | AUTHORIZED  |       |            |        |            |
| COMMON   | 10,000,000  |       |            |        |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>MD</b>  |   |       |            |        |            |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 14450 46TH ST N SUITE 106<br>CITY/ST/ZIP: CLEARWATER, FL 33762 |  |
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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: NIGEL B OSBORN<br>TITLE: PRESIDENT<br>ADDRESS: 14450 46TH ST SUITE 106<br>CITY/ST/ZIP/CO: CLEARWATER, FL 33762 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: PATRICK K O'NEIL<br>TITLE: VP/FINANCE<br>ADDRESS: 1325 LAKE ST<br>CITY/ST/ZIP/CO: ROSELLE, IL 60172            | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: Pam D Aleksiak<br>TITLE: Executive Asst.<br>ADDRESS: 1325 W. Lake Street<br>CITY/ST/ZIP/CO: Roselle, IL 60133  | <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/ Pam DAleksiak                                   | Pam DAleksiak,                   | 7/30/2012 |
| 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.